DOCUMENT RESUME

ED 327 533 SP 032 866

TITLE	Health Curriculum Guide. High School Course One-Half Unit. Bulletin 1988, No. 57.
INSTITUTION	Alabama State Dept. of Education, Montgomery.
PUB DATE	88
NOTE	235p.; For related documents, see SP 032 858-867; for Alabama Health Education Course of Study, see SP 032 837.
PUB TYPE	Guides - Classroom Use - Guides (For Teachers) (052)
EDRS PRICE	MF01/PC10 Plus Postage.
DESCRIPTORS	*Class Activities; Communicable Diseases; Curriculum Development; Drug Education; *Environmental Education; Family Relationship; *Health Education; *Health Promotion; *Interpersonal Relationship; State Curriculum Guides; Teaching Guides
IDENTIFIERS	Alabama

ABSTRACT

This curriculum guide supplements the Alabama "Health Education Course of Study," which offers a comprehensive planned sequential curriculum for grades K-12. The largest section of the guide consists of classroom activities which are tied to specific student outcomes. A list of materials needed to carry out the activities is provided. The activities are organized into units, each of which begins with "notes to the teacher" that identify topics covered in the unit and convey information important for carrying out the activities. A list of "outcomes" summarizes the requirements from the Alabama "Health Education Course of Study" and provides guidance for additional activities which may need to be written. The final section contains teaching materials which are referenced in the activities and are essential to implementing the activities. Topics covered are: I am responsible for my body (wellness, disease, teenage problems); I am responsible for my relationships (personal, family, and social); and I am responsible for my environment (accident prevention, emergency care, medical care, advertising and health products, health legislation and the community, and the environment). (JD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

BEST COPY AVAILABLE

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

W. Teague

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

SP 032 866

BEST COPY AVAILABLE

INTRODUCTION

The Health Curriculum Guides consist of ten documents, one for each grade K-8 and one for the required high school course (one-half unit). The purpose of these curriculum guides is to help classroom teachers implement the Health Education Course of Study (Bulletin 1988, No. 25).

The Health Curriculum Guides are supplemental in nature; activities do not cover topics in an exhaustive manner. Consequently, teachers can most effectively use the guides by choosing activities that supplement a locally-planned health program and locally-chosen textbooks. When the curriculum guides are used in this manner, activities may be used in an order that matches the locally-developed health scope and sequence.

The Health Curriculum Guides may also serve as a basic program for Local Education Agencies (LEAs) in the absence of a locally-developed health curriculum. Although topics are not covered in a comprehensive manner, the curriculum guides do provide instructional activities for all topics named in the Health Education Course of Study, and the activities have been arranged in a logical sequence from the first to the last page. It is hoped that the Health Curriculum Guides will serve as a springboard for local curriculum activities in health, which include at least the following:

- developing a local health curriculum K-12,
- acquiring needed resource materials, and
- writing additional activities in areas of greatest need.

The Health Curriculum Guides are divided into sections. Each guide begins with a TABLE OF CONTENTS that lists topics to be taught, provides descriptive labels for each activity, and specifies page number(s) on which the activity may be found. The TABLE OF CONTENTS enables teachers to identify easily those activities that supplement topics covered in locally-designed programs.

The second and largest section of the guide consists of classroom ACTIVITIES. These activities are tied to specific student outcomes. Materials needed for implementing the activities are listed, also. Many of the materials are in the form of handouts, diagrams, etc. which can be converted to transparencies and/or duplicated for student use.

Activities are organized into Units identified by Roman numerals in the Table of Contents. Each Unit begins with NOTES TO THE TEACHER that identify topics covered in the Unit and convey information important for carrying out the activities.

The fourth section of the guide contains a list of all OUTCOMES for the grade level and any APPENDICES. The OUTCOMES summarize requirements from the Health Education Course of Study and provide guidance for those LEAs in which additional activities need to be written.

ACKNOWLEDGMENTS

When the State Board of Education passed a resolution on November 12, 1987, requiring AIDS instruction to become part of comprehensive health education by the 1988-89 school year, it was clear that some priorities in the Department of Education would change.

Responsibility for implementing the resolution was assigned to the Division of Student Instructional Services and personnel were instructed to do what was required to meet the timelines. Writing the Health Curriculum Guides was the prerequisite activity for complying with the State Board mandate, and the timelines dictated that the sixteen-month period usually designated for such a project be compressed into four months.

The timelines could not have been met without the following major contributions:

1. Our partners in Local Education Agencies (LEAs) and Institutions of Higher Education (IHEs) volunteered human resources to help accomplish the task.
2. Most personnel in the Division of Student Instructional Services put their assigned duties aside, learned to do new tasks, and worked exclusively on the Health Curriculum Guides for several months, including evenings, weekends, and holidays.
3. Other personnel in the Division of Student Instructional Services made necessary adjustments and sacrifices to assume responsibility for programs and assignments of their co-workers while continuing to perform their usual duties.

Approximately 150 educators have contributed directly to the Health Curriculum Guides. We express our appreciation for draft writing done by selected personnel in the following LEAs:

Birmingham City Schools
Cullman City Schools
Huntsville City Schools
Jefferson County Schools
Vestavia Hills City Schools

The following IHEs assisted us by providing current or retired health educators who served as readers or whose students in the areas of curriculum and health wrote health-related activities:

University of Montevallo
Troy State University - Dothan
Troy State University - Montgomery
University of Alabama

A debt of gratitude is owed personnel in the Alabama Department of Public Health for their role in verifying the technical accuracy of the Health Curriculum Guides.

TABLE OF CONTENTS - ONE-HALF UNIT

		PAGE
NOTES TO THE TEACHER		5
I. I AM RESPONSIBLE FOR MY BODY		6
Topic: WELLNESS		
Activity 1	Definition of Wellness	6
Activity 2	Wellness Plan	11
Activity 3	Uptimum Exercise/Physical Fitness	14
Activity 4	Fitness Guidelines	16
Activity 5	Safety and Fun in Fitness	18
Activity 6	Using Leisure Time for Fitness	21
Activity 7	Body Mechanics for Health	25
Activity 8	Basic Nutrients	27
Activity 9	Nutritional Needs vs Metabolic Rate	29
Activity 10	Value of Food, Drug, and Cosmetic Labels	34
Activity 11	Weight Control	35
Activity 12	Function of Teeth/Preventive and Corrective Dentistry	37
Activity 13	Careers in Dentistry	40
Activity 14	Relationship of Lifestyle and Disease	41
Topic: DISEASE		
Activity 15	Prevention/Treatment of Diseases	45
Activity 16	Confidential Medical Treatment	46
Activity 17	Sexually Transmitted Diseases	47
Activity 18	AIDS and Immune System	51
Activity 19	AIDS Development/Transmission	60
Activity 20	AIDS Risk Behaviors	68
Activity 21	AIDS Saying "No"	77
Activity 22	AIDS Facts/Misconception plus Public Attitude	80
Topic: TEENAGE PROBLEMS		
Activity 23	Common Health Problems	86
Activity 24	Fraudulent Drug Products and Harmful Effects	88
Activity 25	Physical and Psychological Effects of Drugs	90
Activity 26	Physical and Psychological Effects of Drugs	94
Activity 27	Marijuana versus Marijuana	95
Activity 28	Behavior Characteristics at Stages of Substance Abuse	96
Activity 29	Factors Determining the Effects of a Drug/Alcohol	100
Activity 30	Withdrawal Symptoms from Illegal Substances	102
Activity 31	The Harmful Effects of Tobacco Usage	104
Activity 32	Decision-making Strategy to Cope with Substance Abuse	108

TABLE OF CONTENTS - ONE-HALF UNIT

Activity 33 Drug Rehabilitation and Treatment 110
Activity 34 Parental Health Habits and Pregnancy 112
Activity 35 Teenage Pregnancy 115
Activity 36 Defense Mechanisms 116
Activity 37 Causes of Mental Illnesses 119

II. I AM RESPONSIBLE FOR MY RELATIONSHIPS 121

Topic: PERSONAL RELATIONSHIPS

Activity 38 Human Relations and Communication 121
Activity 39 Effective Listening 124
Activity 40 Nonverbal Communication 129
Activity 41 Social Skills 134
Activity 42 Interpersonal Relationships 136
Activity 43 Sexuality and Sex 139
Activity 44 Development of Interpersonal Relationships: Friendship, Love, Dating, Engagement and Marriage 141
Activity 45 Mental Health Plan 153

Topic: FAMILY RELATIONSHIPS

Activity 46 Family Group Activities 163
Activity 47 Family Problems 165
Activity 48 Child Abuse 167

Topic: .SOCIAL RELATIONSHIPS

Activity 49 Cultural Value Systems and Behaviors 168
Activity 50 Cultural Differences and Value Systems 170
Activity 51 Loving, Protective Environment 171

III. I AM RESPONSIBLE FOR MY ENVIRONMENT 173

Topic: ACCIDENT PREVENTION

Activity 52 Characteristics Related to Accidents 173
Activity 53 Loss Due to Accidents 175

Topic: EMERGENCY CARE TECHNIQUES

Activity 54 Emergency Care, including Cardiopulmonary Resuscitation (CPR) 177

Topic: MEDICAL CARE

Activity 55 Criteria for Selecting Health Services 178
Activity 56 Community Health Services 180

TABLE OF CONTENTS - ONE-HALF UNIT

Activity 57 Preventive Health Measures 182
Activity 58 Federal Agencies' and Research's Role in the Prevention and Control of Disease 184
Activity 59 Medical Costs 190

Topic: ADVERTISING AND HEALTH PRODUCTS

Activity 60 Health Advertising and Consumer Buying 192

Topic: HEALTH LEGISLATION AND THE COMMUNITY

Activity 61 Health Legislation 195

Topic: ENVIRONMENT

Activity 62 Changing Environment 199
Activity 63 Solutions for Environmental Hazards 202
Activity 64 The Handling of Safety Problems 205
Activity 65 World Life Expectancy 207

Outcomes Document 209

Appendix A (Community Alliance Network Regions) 219

HEALTH - ONE-HALF UNIT

NOTES TO THE TEACHER

The activities in this curriculum document are intended to supplement the health textbook and to aid in the implementation of the Alabama Course of Study: Health Education. Various instructional strategies are used to engage students as active learners. Teachers should familiarize themselves with the entire section before beginning the activities since some materials need to be obtained and/or prepared in advance and student assignments need to be made. Some of the strategies are listed below.

- mini-lecture
- class discussion
- brainstorming
- role playing
- guest speaker
- independent study
- self-assessment instruments
- small-group work

It is suggested that each student have a folder for class notes, research project information, handouts, and personal health plans.

Section I: I AM RESPONSIBLE FOR MY BODY

This section deals with wellness, diseases, and teenage problems as they relate to students and their bodies. The purpose of the activities is to develop within the students an understanding that they, as individuals, are responsible for attaining and maintaining personal health throughout their lives. Motivation to achieve good health is increased by the benefits and rewards of good health practices.

Section II: I AM RESPONSIBLE FOR MY RELATIONSHIPS

This section covers topics relating to mental health, protective environment for children, home and family problems, and effective social behavior. Activities dealing with family crises and child abuse, for example, will familiarize the student with both the symptoms of these situations and also the services available to cope with them. The basic objective of this section is to help individual students develop the proper educational foundation which can assist them in being responsible for their own personal, family, and social relationships.

Section III: I AM RESPONSIBLE FOR MY ENVIRONMENT

This section deals with accident prevention, emergency care, environment, and health advertising. Also, attention is focused on the system of health care in the United States which ranges from numerous health organizations to the various types of medical facilities with which students should be familiar for future reference. The basic objective of this section is to enable students to learn that they must be ready to make competent, well-founded decisions about all phases of their environment.

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY BODY

TOPIC: WELLNESS

OUTCOME: 16. Discuss what is meant by "wellness," and show the interrelatedness of the physical, mental, emotional, social, and spiritual components of wellness.

ACTIVITY 1 - OUTCOME 16

Materials:
- Poster paper
- Student Handout - WELLNESS MODEL (p. 8)
- 3" x 5" cards (various colors)
- Student Handout - PHYSICAL TRAITS ASSESSMENT (pp. 9-10)

Display on posters the following statements:

(First Poster)

The term "wellness," has many synonyms, such as "total fitness," "holistic health," "high-level wellness," and "health promotion." Wellness can be defined as the interrelatedness of the physical, psychological, emotional, social, spiritual, and environmental factors that contribute to the overall quality of a person's life. (Taken from Gordon Edlin and Eric Golanty, Health and Wellness, A Holistic Approach, Third Edition, Jones and Bartlett Publishers, Boston, Massachusetts, 1988, p. 5.)

(Second Poster)

The components of wellness/holistic health are as follows:

physical well-being	-inherits traits conducive to physical well-being -enjoys absence from disease -has good eating habits -maintains good physical condition
mental/emotional well-being	-feels well and plays well -feels at ease with self and others -gives and accepts love -copes with stressful situations -possesses emotional stability
social well-being	-gets along well with family and friends -displays interest in one's role in society and respect for others' roles in society

ACTIVITY 1 - OUTCOME 16 (continued)

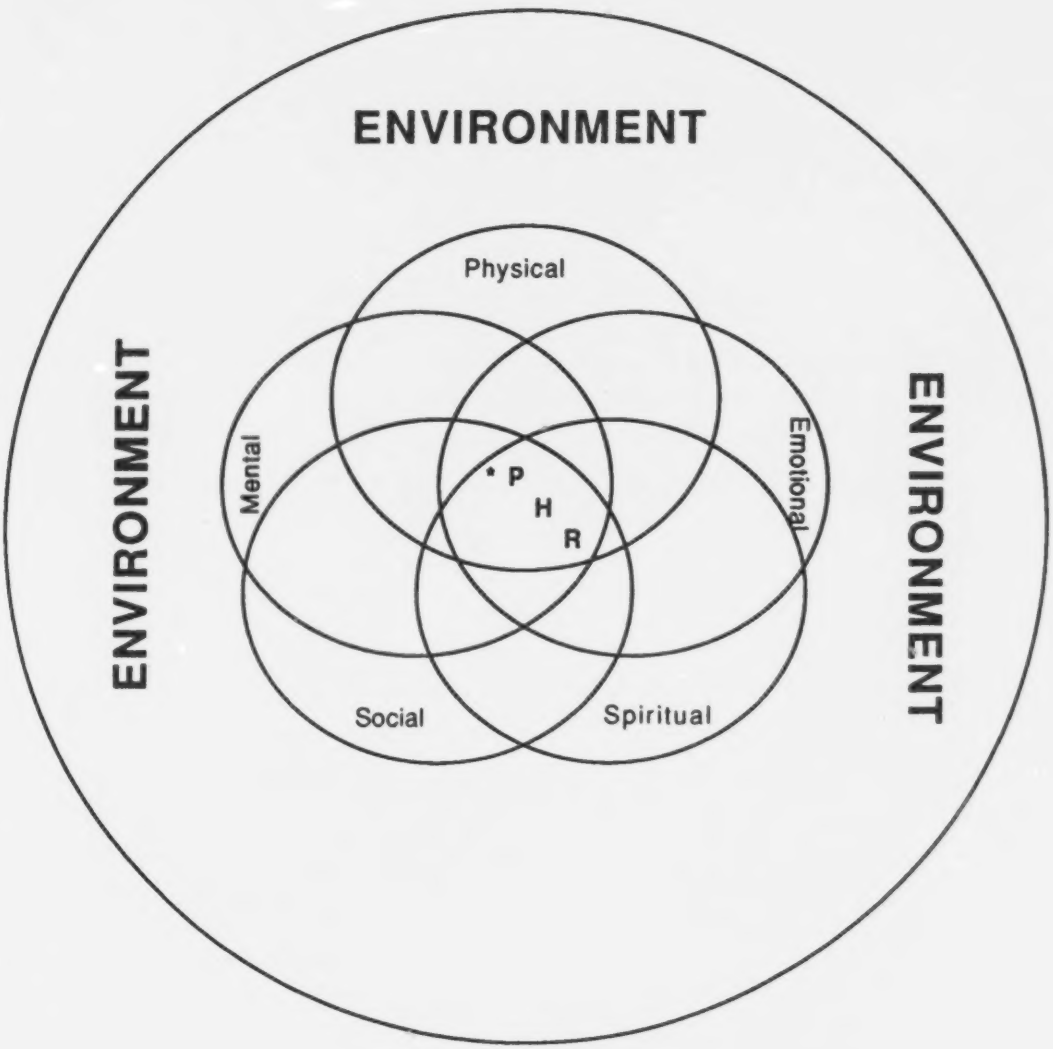
spiritual well-being	-establishes a set of values, morals, ethics -believes in a basic purpose for existence

Discuss the definitions of wellness and point out to students the interrelatedness of its components (e.g. the relationship of feeling at ease with oneself and others to getting along with family and friends.) Distribute and explain the handout WELLNESS MODEL, and ask each student to refer to it while writing (on 3" x 5" cards) a brief description of a situation in which two or more of the wellness components are interrelated. Sample Situation: Joy is a physically attractive and energetic teenager who is likely to receive a majority vote for head cheerleader. (The components of physical well-being, emotional well-being, and social well-being interrelate in this situation.)

Build a bulletin board display by placing an enlarged, colorful version of the WELLNESS MODEL in the center of the board and by surrounding it with the multicolored cards containing the situations developed by students. (See the sample situation above.)

Distribute each class member a copy of the PHYSICAL TRAITS ASSESSMENT. Before making an assignment, point out to students that gaining an understanding and acceptance of these inherited traits is important to their well-being. Tell students that inherited traits can seldom be changed but that they can be emphasized or de-emphasized. Remind them, also, that these traits are only part of the total make-up of the individual. Note that improving any aspect of physical appearance (an hereditary trait) will be reflected in other components of wellness because of the inter-relatedness of these various components. Instruct students to complete the handout PHYSICAL TRAITS ASSESSMENT as a homework assignment.

WELLNESS MODEL



*Denotes Personal Health Responsibility

Used by permission of Parris R. Watts, University of Missouri, Columbia, Missouri 65201.

PHYSICAL TRAITS ASSESSMENT

Student Handout

Below you will find various parts of the body listed. Stand in front of a full-length mirror and wear only underclothing. Rate each part of the body. Use this scale from 1 to 5:

1 = very dissatisfied
2 = dissatisfied
3 = OK
4 = satisfied
5 = very satisfied

Be careful not to compare yourself to the ideal. Instead, consider what you were given genetically and what you realistically consider to be your present strong and weak points.

Mark your rating (1 to 5) in the first column for each body part listed. For each item ranked a 1 or 2, look at the next three columns. If the trait can be changed, indicate that and devise a strategy to change it. If the trait cannot be changed but can be emphasized or de-emphasized, devise a strategy to accept it--perhaps by focusing on more positive traits. (Example: If you do not like your hair, you may decide to go to a hairdresser for a style that de-emphasizes the traits you dislike.)

Trait	Rating	Can Be Changed	Can Be Emphasized or De-emphasized	Cannot Be Changed	Strategy
Hair color					
Hair texture					
Hair style					
Eyes					
Nose					
Mouth					
Ears					
Shoulders					
Chest					

Trait	Rating	Can Be Changed	Can Be Emphasized or De-emphasized	Cannot Be Changed	Strategy
Arms					
Waist					
Hips					
Thighs					
Knees					
Calves					
Ankles					
Feet					
Overall weight					

Reproduced for noncommercial purposes from "Mirror Image," Current Health 2, Teacher's Edition, Volume 14, No. 1, September 1987, p. 4.

ACTIVITY 2 - OUTCOME 16

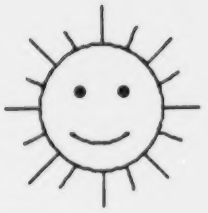
Materials: • Student Handout - WELLNESS SCALE (p. 12)
• Teacher's Copy - WELLNESS SCALE (p. 13)

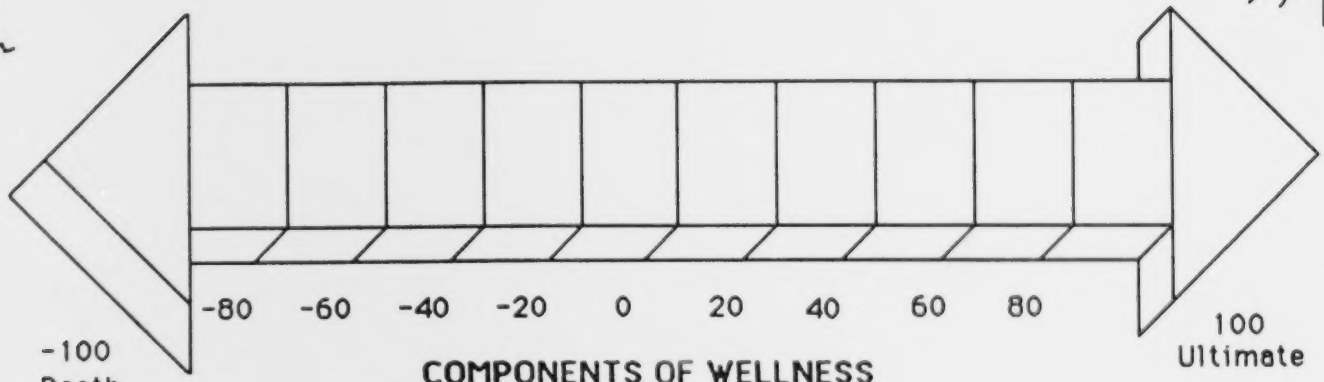
Distribute copies of the WELLNESS SCALE, and discuss the wellness components (physical, emotional, mental, and social) and the factors (behavior, decisions, and relationships) contributing to wellness listed on the scale. Point out that duplicated copies of the scale are available for students to use daily or weekly as they choose. Using the Teacher's Copy as a guide, explain to the students how to use the WELLNESS SCALE. Beginning with the Physical Component, instruct each student to decide which rectangle on the continuum best represents his/her present state of wellness and, then, to place the letter P (for Physical) in that rectangle. This same procedure should be followed for the other components and factors. (Note: More than one letter may appear in a rectangle.) The student is then to encircle all the letters plotted on the continuum as illustrated on the Teacher's Copy of the scale. Explain to the students that their completed scales are subjective and valid only to the level of their ability to know themselves and to judge the state of their health.

Instruct each student to develop a weekly WELLNESS IMPROVEMENT PLAN, utilizing information from his/her PHYSICAL TRAITS ASSESSMENT and WELLNESS SCALE. The following format is recommended.

Components of Wellness	I Am Satisfied--Dissatisfied		Strategies for Improvement
Physical			
Emotional			
Mental			
Social Factors Contributing to Wellness			
Behavior			
Decisions			
Relationships			

WELLNESS SCALE
Student Handout





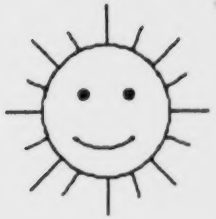
COMPONENTS OF WELLNESS

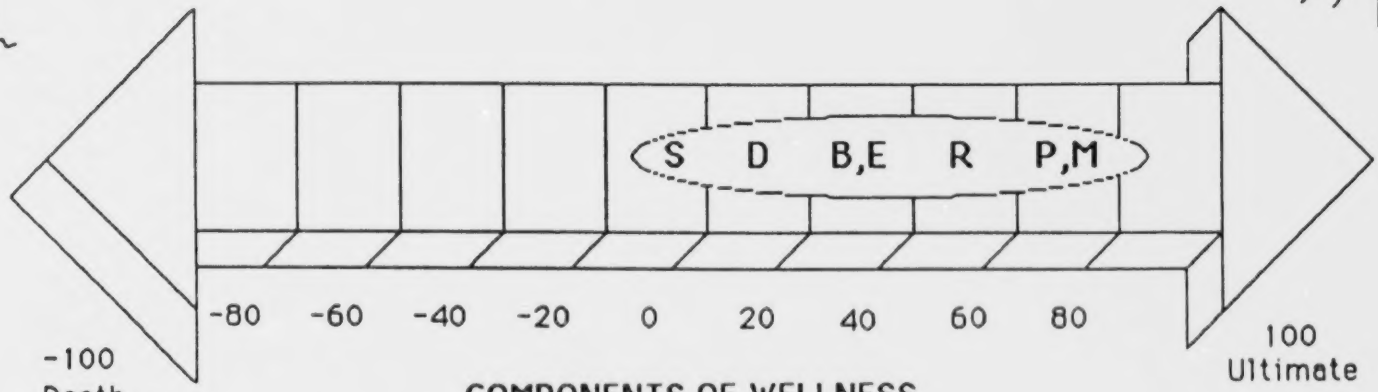
← Ill	Physical	Fit →
← Depression	Emotional	Dealing →
← Unstable	Mental	Stable →
← Withdrawing from Humanity	Social	Good Human Association →

FACTORS CONTRIBUTING TO WELLNESS

← Bad	Behavior	Good →
← Irresponsible	Decisions	Responsible →
← Destructive	Relationships	Healthy →

WELLNESS SCALE
Teacher's Copy





COMPONENTS OF WELLNESS

Ill	Physical	Fit
Depression	Emotional	Dealing
Unstable	Mental	Stable
Withdrawing from Humanity	Social	Good Human Association

FACTORS CONTRIBUTING TO WELLNESS

Bad	Behavior	Good
Irresponsible	Decisions	Responsible
Destructive	Relationships	Healthy

Legend:

Components:

P - Physical
E - Emotional
M - Mental

Factors:

B - Behavior
D - Decisions
R - Relationships

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY BODY

TOPIC: WELLNESS

OUTCOMES: 19. Explain the relationship between optimum exercise and physical fitness.

43. Establish exercise guidelines to help ensure personal safety, fun, and lifetime participation.

44. Implement a planned program for the wise use of leisure time.

ACTIVITY 3 - OUTCOME 19

Explain to students that Americans more than ever before are exercising; for example, they are swimming, riding bicycles, playing tennis, walking, jogging, and participating in aerobic dancing. Emphasize, however, that there are far more people who believe in the virtues of exercise than practice those virtues. Point out that a 1985 article in Time magazine indicated that 80 to 90 percent of Americans still do not get enough exercise.

Tell students that the primary purpose of all discussions about exercise and physical fitness is to cause people to make the effort to exercise. Explain that physically active people tend to be healthier (both physically and psychologically) than their less-active counterparts. Emphasize that some of the harmful effects of physical inactivity may not be apparent in teenagers but that they become evident in adulthood.

Conduct a classroom lecture/discussion explaining the relationship between exercise and physical fitness. Be sure to include the following content:

I. Definitions of Exercise and Physical Fitness

A. Exercise - bodily exertion for the sake of developing and maintaining physical fitness

B. Physical Fitness - a condition of being fit enough to enjoy a high capacity for physical activity

II. Specific Ways that Exercise Benefits Physical Fitness

A. Cardiovascular Fitness (Most Important Benefit)

ACTIVITY 3 - OUTCOME 19 (continued)

1. more efficient functioning of heart, lungs, and blood vessels
2. lower resting heart rate
3. lower blood pressure
4. reduced low-density lipoprotein (LDLs)
5. increased high-density lipids (HDLs)
6. improved circulation

B. Muscular Strength, Flexibility, Endurance

1. less chance of muscle injury
2. greater efficiency in body movement
3. decreased chance of lower back problem
4. improved performance in sports

C. Body Composition

1. greater lean body mass
2. less body fat
3. improved appearance
4. fewer self-concept problems related to obesity

III. How Exercise Builds Fitness

A. F - Frequency. Exercise must be done frequently, at least three days a week.

B. I - Intensity. Exercise must be hard enough to require more exertion than normal. Too little intensity will not improve fitness; too much intensity may result in soreness or injury.

C. T - Time. An exercise period should be at least twenty minutes in length to be effective (A longer duration is recommended for optimal fitness gains).

Following ample discussion, write the following words on the chalkboard:

- physical fitness
- exercise
- physical health
- psychological health
- cardiovascular fitness
- heart rate
- intensity (of exercise)
- low-density lipoprotein
- high-density lipids
- strength
- flexibility
- body composition
- frequency (of exercise)
- time (of exercise)

Explain to students that all fourteen terms were mentioned in the lecture/discussion. Instruct students to use as many of those terms as possible to write one or two paragraphs on "The Relationship between Exercise and Physical Fitness." Explain that paragraphs will be scored from a maximum of 14, if all fourteen terms are semantically correct in the paragraph, to a minimum of 0,if none of the fourteen words is semantically correct in the paragraph(s).

ACTIVITY 4 - OUTCOME 19

Explain to students that exercise does not produce fitness automatically. Ask students for examples of "haphazard" physical exertion that will not contribute to physical fitness. Suggest to students that most people get too much or too little exercise. An example would be a full day of softball followed by no exercise for the rest of the week. Emphasize that what is essential for fitness is regular, vigorous exercise involving the whole body in a program tailored to the individual.

Invite a physical education specialist to spend one or two class periods with the class. Secure a facility where students can be active, and arrange for students to dress in appropriate attire. Plan with the invited physical education specialist activities that involve students in various types of exercise; demonstrate certain principles of exercise; and distinguish among aerobic, anaerobic, isometric, and isotonic exercises. Ask the physical education specialist to address the content that follows and to have students demonstrate when possible the exercise suggested by the content.

I. Principles of Exercise

A. For muscles to grow stronger, they must be overloaded or worked against a greater-than-normal load. Systematic work can increase strength, flexibility, and endurance of muscles and cardiovascular fitness.

B. To develop various components of fitness, exercise must be specific; for example, if people want to develop cardiovascular fitness, they must engage in continuous, rhythmic exercise, such as jogging or swimming.

C. In order for exercise to improve the fitness level, exercise must be increased progressively and gradually. Exercising at a too-high level can be dangerous; exercising at a too-low level is insufficient to improve fitness.

II. Cardiovascular Fitness

A. Aerobic Exercise - sustained exercise during which the body's intake of oxygen equals the oxygen needed for the exercise. As the body exercises, its oxygen needs increase, but the body is able to meet its oxygen need continually. (Vigorous walking, running, jumping rope, bicycling, and swimming are examples of aerobic exercises.)

B. Anaerobic Exercise - exercise in which the body's demand for oxygen exceeds its supply, and, thus, produces "oxygen debt." During anaerobic exercise, energy-rich substances stored in muscle cells are broken down. An example of anaerobic exercise is sprinting. The runner replaces only part of the oxygen during the sprint itself and has to make up for the oxygen debt afterward.

ACTIVITY 4 - OUTCOME 19 (continued)

III. Muscular Strength

A. Muscular strength is the maximum amount of force a muscle group can exert against resistance. Muscles develop strength when they are systematically subjected to greater work loads.

B. Isometric Exercise - exercise that strengthens muscles through pushing or pulling against a fixed resistance or an immovable object

C. Isotonic Exercise - exercise that strengthens muscles through involvement of muscle contraction through a complete range of motion (Example: weight training that involves the use of equipment such as barbells.)

ACTIVITY 5 - OUTCOMES 19 and 43

Materials: • Student Handout - MONITORING MY EXERCISE PROGRAM (p. 20)

Have students name exercise guidelines that could help people ensure personal safety, fun, and lifetime participation. Write suggested guidelines where students can see them. The list may include some of the following:

- Be sure exercise has a low-injury potential.
- Choose an exercise that does not require excessive amounts of specialized equipment.
- Choose some exercises that do not require excessive expense or specialized equipment.
- Select a variety of exercises that relate to cardiovascular fitness; muscular strength, flexibility, and endurance; and body composition.
- Make exercises specific to need.
- Adjust exercise pattern to current fitness level.
- Exercise regularly (at least three times a week).
- Include "warm-ups" and "cool-downs" before and after vigorous exercise.
- Make the exercise program fit the individual.
- Choose some exercise experiences that are fun.

Have students design a simple exercise program by completing the following steps:

1. Obtain Medical Clearance for Exercise Program.
   Ask students to write down any medical problems that would influence the type of exercise program suited for them. Ask students to consult their parents or guardian about any condition that could be aggrevated by physical exertion.

2. Identify Personal Fitness Needs.
   Ask students to write their fitness needs. Through self-examination, students can diagnose to some extent their muscular strength and fitness, body composition, and exercise habits; however, a systematic physical fitness assessment conducted by a specialist would assist in identifying personal fitness needs.

3. Select Activities for a Personal Exercise Program.
   Encourage students to choose vigorous, continuous whole-body movement that they enjoy (swimming, jogging, bicycling, aerobics). Remind students to consider their current level of fitness and the potential for injury.

4. Chart Progress.
   Have students chart their progress by completing the MONITORING MY EXERCISE PROGRAM sheet. Make the exercise plan and monitoring a major project for a grading period. Have students turn in their sheets on a weekly basis. Review these sheets, and evaluate them for completeness, reasonableness, and evidence of serious student effort.

ACTIVITY 5 - OUTCOME 19 and 43 (continued)

Invite several adults to complete the MONITORING MY EXERCISE PROGRAM sheets for a week. Choose adults carefully to include a variety of persons (an older adult, a female who has a regular exercise program, a handicapped person who exercises regularly, an athlete who is in specialized training). On a day that students turn in their MONITORING MY EXERCISE PROGRAM sheets, invite one adult to share the results of his/her MONITORING MY EXERCISE PROGRAM.

Later, invite the other adults who completed the MONITORING MY EXERCISE PROGRAM to share their results with the class. Ask the adults to emphasize that everyone should benefit from exercise regardless of age, sex, or ability. A variety of adults sharing one at a time on a weekly basis can point out the following:

- Types of exercise may differ as individuals grow older.
- Sex differences may influence exercise needs and participation in sports.
- Availability of facilities may influence the types of exercises chosen.

MONITORING MY EXERCISE PROGRAM
Student Handout

Name _____

Date _____

1. Describe the exercise. _____

_____

2. Record beginning time _____. Record ending time _____.

   Calculate total time _____.

3. Describe any harmful effects. _____

_____

4. Estimate and describe the level of intensity.

   % of time in high intensity _____

   % of time in medium intensity _____

   % of time in low intensity _____

5. Describe place where exercise was carried out. _____

_____

6. Describe any other people who participated in exercise. _____

_____

7. Explain your level of enjoyment. _____

_____

8. Describe any perceived benefits. _____

_____

9. Describe any harmful effects. _____

_____

ACTIVITY 6 - OUTCOMES 43 and 44

Materials: • Student Handout - LIFETIME FITNESS (p. 23)
• Student Handout - CHOOSING LIFETIME ACTIVITIES (p. 24)

Have students read the handout LIFETIME FITNESS, and then discuss the following questions:

Why may team sports players in high school be at a disadvantage for lifetime fitness?
What are six criteria for judging lifetime activities?
How can a person become more knowledgeable about fitness and exercises?
Why is a lifetime of fitness important?
What are you doing now to ensure a lifetime of fitness?
How will fitness activities fit into the wise use of leisure time?

Have students complete the handout CHOOSING LIFETIME ACTIVITIES. Assist the students with Item 6 on the handout, or refer them to other resource persons (e.g., librarians).

List on the chalkboard the major purposes for leisure-time activities. In a brainstorming activity, develop comprehensive lists of leisure-time activities for each of these purposes, and place the lists on the chalkboard according to the following format:

PURPOSES FOR LEISURE-TIME ACTIVITIES	ACTIVITIES WHICH SERVE THESE PURPOSES
- Relieve stress - Improve physical fitness - Provide opportunities for using special talents - Etc.	

ACTIVITY 6 - OUTCOMES 43 and 44 (continued)

Have each student use the preceding information in planning and implementing a program for the wise use of leisure time. During the planning process, students should think of personal goals, reasons for their choices, and the convenience of the program. Prepare 3" x 5" cards, as illustrated below, for students to use in monitoring the plans they develop.

PLANNED PROGRAM FOR WISE USE OF LEISURE TIME

Leisure-time Activities	Place	Days of Week	Amount of Time	Completed	
				Yes	No
- Swimming					
- Photography					
- Tennis					
- Etc.					

An assessment of the program should be discussed with the teacher after a period of a few weeks.

LIFETIME FITNESS
Student Handout

Why is a lifetime of fitness important?

Human beings need to have enough strength for lifting and carrying, enough flexibility for reaching and bending, and enough endurance to use energy to keep up movements over a long period of time. Students must decide how fit they want to be, according to their personal goals, abilities, and lifestyles.

Six criteria for judging lifetime sports are as follows:

1. The sport is good for you.
2. The sport has a low injury potential.
3. The sport can fit into a busy adult life.
4. The sport is available in your community.
5. The sport requires a person to be active.
6. The sport has been researched by experts.

Two reasons why high school team sports athletes may be at a disadvantage for a lifetime of fitness are listed below.

- Organized team sports are conducted at a high-skill level and carry a high potential for injuries that affect the participants later in life.

- One-sport athletes may spend so much time developing skills in that sport that they don't get a broad exposure to other activities in which they can participate as adults.

Each person needs to be fit enough to avoid the inactivity that leads to some of the following health problems:

- obesity
- injuries and pain in bones and joints
- injuries to muscles, ligaments, tendons
- respiratory diseases
- heart disease
- high blood pressure
- stress
- depression and anxiety

CHOOSING LIFETIME ACTIVITIES
Student Handout

This activity will help you choose and evaluate lifetime activities.

1. List three lifetime activities that interest you.

   (a) _____
   (b) _____
   (c) _____

2. Now, determine if the activities you chose are good for you. (Yes or No)

   (a) Does the exercise offer aerobic fitness at least three times a week for about 30 minutes each time? _____

   (b) Does it develop strength? _____

   (c) Does it develop flexibility? _____

   (d) Does the exercise include a variety of activities that satisfy these needs? _____

3. Do your activities have a low-injury potential? _____ If not, what can you do to lower your risks of injury? _____

4. Will your activities fit easily into a busy adult life? _____ If not, what can you do to stay involved in lifetime sports? _____

5. Where in your community is there a place to be active in your lifetime activities?

   (name)_____

   (address)_____

   (telephone)_____

   If you do not know places you can go for lifetime activities, call your local YMCA, YWCA, recreation department, or see your Yellow Pages in the telephone directory under "Health Clubs."

6. To find more information about my lifetime sports, I would

   read_____

   or call_____

   or go to_____

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY BODY

TOPIC: WELLNESS

OUTCOME: 18. Relate body mechanics to personal health.

ACTIVITY 7 - OUTCOME 18

Identify for students the various elements* of body mechanics; that is, the basic movements of the body:

- force
- balance
- striking
- motion
- stability
- leverage

Discuss with the class the relationship of movement efficiency (proper body mechanics) to personal health through the following points:

- Movement efficiency assures proper alignment of the skeletal framework and efficient muscle functioning, which promote personal health. If movement efficiency is not developed and maintained, there will be (1) gaps in a person's physical movements and, therefore, in his/her physical skills and (2) muscles not used properly may atrophy in middle-adult life with resulting weakening of personal health.

- Movement efficiency affects everything a person does physically, including the physiological component of reading.

- People do not develop at the same rate; therefore, the degree of movement efficiency may vary among students of the same age.

- Probably, students will never be equal in efficiency of movement.

- Efficient movement
  - -- assists in maintaining personal health
  - -- restores the condition and function of the muscles and skeletal framework
  - -- enables a person to avoid injury
  - -- enhances appearance
  - -- encourages the development of a positive self-concept
  - -- provides an avenue for gaining peer approval

*Elements stated in Robert P. Pangrezi and Paul W. Danst, Dynamic Physical Education Curriculum and Instruction for Secondary School Students, Burgess Publishing Company, Minneapolis, 1985, p. 33.

ACTIVITY 7 - OUTCOME 18 (continued)

Give examples of proper body mechanics by performing the correct procedures for the following movements:

- standing
- sitting
- walking
- running
- lifting
- hopping

Have volunteer students perform the incorrect and the correct procedures for the movements listed above.

Then, ask the student volunteers to describe how each correct procedure enhances personal health and how each incorrect procedure diminishes personal health.

Ask these students how they felt as they performed each correct procedure and each incorrect procedure. Discuss the fact that, unfortunately, some people tend to judge others on the basis of movement ability. Then, ask students to respond to the following questions:

- Do you think more highly of the student who can hit a homerun than of a student who always "strikes out"? Why or why not?

- Do you demonstrate tolerance for the student who bumps into you? Why do you need to be tolerant? Why may you be tempted to show impatience?

- Is your self-concept enhanced by movement efficiency? If so, why? If not, why not?

- In what ways are you able to improve your body mechanics (movement efficiency)?

Finally, ask the students who wish to implement a plan of developmental exercises to consult with the school's physical education teacher or with a physical therapist in order to ascertain body mechanics needs and to determine a twelve-week plan to improve body movement.

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY BODY

TOPIC: WELLNESS

OUTCOMES: 13. Identify the six basic nutrients, their functions, and their food sources.

14. Relate the body's need for food to factors within the body that determine specific food requirements.

ACTIVITY 8 - OUTCOME 13

Materials:
- Six pieces of poster board
- Supply of magic markers
- "Dietary Guidelines for Americans," Second Edition, 1985 (free from Alabama Learning Resource Center, 304 Dexter Avenue, Montgomery, AL 36104, 261-5574) or other reference materials
- Student Handout - NUTRIENTS (p. 28)

Have students read the handout NUTRIENTS. Divide the class into six groups, and assign each group one nutrient to research. Have each group give the definition, the function, the need requirements, and the main food sources of the assigned nutrient. Ask each group to put the information on a poster that could be organized as follows:

Nutrient_____

Definition_____
_____

Function_____
_____

Requirements_____
_____

Food Sources _____
_____
_____

Have each group present to the rest of the class the information it found. Display posters (if possible) for several days.

NUTRIENTS
Student Handout

Nutrients, which are chemical components of food, have specific functions essential to the total proper functioning of the body. Nutrients can be categorized into the following general functions:

- to provide energy
- to build and maintain cells
- to regulate body natural functions

Nutrients are obtained from food. Foods properly chosen will provide all the nutrients that the body needs.

Nutrient needs vary with age, sex, body size, activity, and state of health. Environmental stress can also alter individual nutrient needs. The recommended dietary allowances (RDAs) of nutrients have been published at periodic intervals by the Food and Nutrition Board of the National Research Council since 1943. It would be misleading, however, to think of RDAs solely in terms of "amounts." The quantity of a nutrient recommended for the diet is not equivalent to its importance in the diet. Indeed, the lack of a nutrient needed in very small amounts may be as traumatic to the body as the lack of a nutrient needed in much greater amounts.

Foods vary in nutrient content. No one food provides all the nutrients in sufficient amounts. The consumption of a wide variety of foods helps to ensure that all essential nutrients will be consumed.

The six major nutrients are as follows:

1. proteins
2. carbohydrates
3. fats
4. minerals
5. vitamins
6. water

Energy is provided by carbohydrates, protein, and fat. Proteins, minerals, water and vitamins (indirectly) are needed for growth and repair. Regulating body processes is a function of vitamins, minerals, and water.

ACTIVITY 9 - OUTCOME 14

Materials: • Student Handout - NUTRITIONAL NEEDS (pp. 30-32)
• Student Handout - FACTORS DETERMINING TOTAL METABOLIC RATE (p. 33)

Have students read the NUTRITIONAL NEEDS and FACTORS DETERMINING TOTAL METABOLIC RATE handouts.

Tell students to look for answers to the following questions:

1. At what stages of life are the two greatest rates of growth?

2. What affects basal metabolic rate?

3. How does physical activity affect food requirements?

4. What is metabolic rate?

5. What are the nutritional needs of adolescents? of pregnant adolescents?

6. What are some nutritional dangers during adolescent pregnancy?

7. What factors determine total metabolic rate?

Lead a class discussion on each of the questions.

NUTRITIONAL NEEDS
Student Handout

FOOD REQUIREMENT FACTORS

Calories come from four sources in the diet: carbohydrates, protein, fat and alcohol. Vitamins, minerals and water supply no energy to the body and, therefore, have no calories. The term "calorie" as it applies to food is another word for "kilocalorie," a measure of the amount of heat energy necessary to raise the temperature of a kilogram (liter) of water one degree Celsius. The kilojoule is the international unit of energy. It is expected that one day all U.S. food tables will list kilojoule values for foods rather than kilocalorie (calorie) values. (1 kilocalorie = 4.2 kilojoules.)

Calories are not nutrients. They are the measure of the energy produced from some of the nutrients. The body cannot function without energy.

Energy is used in the body for three main functions: basal metabolism, metabolism of food, and voluntary activities. Basal metabolism includes the activities of metabolizing nutrients, pumping blood, and transmitting nerve impulses. The average adult uses approximately 1 kilocalorie of energy per kilogram of body weight per hour for basal metabolism.

The more voluntary activities an individual engages in, the greater the number of kilocalories expended. Activities, such as respiration and thinking, require very little energy, while vigorous sports activities require much more energy.

ADOLESCENCE NUTRITIONAL NEEDS

Adolescence is the first period of nutritional crisis over which the individual will exert control. Neither the parents nor the school system can control what a teenager eats. Teenagers must be encouraged to evaluate their nutritional health and to make wise food choices in light of the special requirements of this stressful period.

The adolescent growth spurt is second only to infancy in the nutritional demands it makes on the growing body. The need for both calories and nutrients increases sharply; yet, at the same time, many teenagers follow fad diets or alter eating habits in pursuit of a slimmer body. Intakes of vitamin A, vitamin C, calcium, riboflavin, iron, and folacin are frequently low. The problem is usually more acute for the teenage girl. In fact, teenage girls are frequently considered to have the poorest nutrition of any group in the population.

Once menarche is achieved, the adolescent girl has a much greater need for iron. With the importance of good iron stores for a possible future pregnancy, an adequate intake of iron becomes even more crucial. If the girl is taking oral contraceptives, the need for folic acid and vitamin B6 is increased.

If there is any life cycle stage more perilous than that of the adolescent girl, it is that of the pregnant adolescent. Besides the nutritional demands of her own growing body, the pregnant teenager must be concerned with the nutritional needs of the developing fetus. The incidences of miscarriage, low birth weight, and premature infants are greatly increased in the poorly nourished teenage mother.

Every attempt may be made to make adolescents aware of the consequences of fad diets both now and in the future. As teenagers move toward the parenting years, it is hoped that they will make wise judgments about nutrition both for themselves and their children.

ATHLETIC NUTRITIONAL NEEDS

Nutritional knowledge has advanced greatly over the last decade. It is now clear that strenuous exercise creates special nutritional needs. The most important of these needs is more energy, and carbohydrates are the body's best energy source. Athletes need additional protein only if they are trying to build muscle mass or gain weight. Otherwise, the best nutrition plan is eating a well-balanced diet plus consuming enough calories and water to replace those spent in strenuous activity and perspiration. There is some evidence to indicate that women who exercise regularly should increase their intake of riboflavin (vitamin B_2).

PREGNANCY NUTRITIONAL NEEDS

Nutrition of the individual begins at conception, but the nutrition of the mother prior to pregnancy may have an important influence on the future health of her infant. A young woman with previously poor nutritional habits will find it difficult to convert completely "overnight." If the pregnant woman is nauseated in early pregnancy, she may have difficulty consuming enough food even if she knows the proper foods to choose. Not obtaining sufficient nutrition from the mother's diet, the fetus will attempt to draw on the mother's nutrient stores.

During pregnancy both the mother and the fetus are growing. The mother grows a placenta, her blood volume increases, the uterus increases in size, and the breasts increase in size in preparation for lactation. As with any period of growth, there is increased need for protein, calcium, phosphorus, and magnesium. The increased blood volume requires greatly increased intake of folacin and Vitamin B12.

In order to meet the increased nutritional demands of pregnancy, it is advisable to add extra meat, milk products, fruits, and vegetables to the diet. Caloric needs are not increased greatly during pregnancy; therefore, foods chosen must be of high nutritional value with few "empty calories." Pregnancy is not a proper time to lose weight. Foods omitted from the diet in an attempt to lose weight are often those most needed to develop iron stores in the fetus: enriched breads, eggs, and meats. The 25-pound weight gain now recommended by physicians is that considered optimal for adequate growth of the fetus and support tissues. Weight gained in excess of this 25 pounds will probably be deposited as fat in the mother's body, and it may be difficult to lose after the birth of the baby. In short, the pregnant woman should gain weight, but the weight gain should be controlled and managed with foods of optimal nutritional value.

Several problems commonly encountered during pregnancy are of nutritional concern. Edema, the collection of fluid in the tissues, appears to be due to a lack of protein and/or salts in the diet. Edema may also be a symptom of toxemia, a medical problem needing prompt attention.

Iron deficiency anemia is common during pregnancy. Adequate intake of iron is important for the mother and for the necessary iron stores in the infant. Folic acid needs increase greatly during pregnancy, and care should be taken to include adequate sources of this vitamin in the diet. Because calcification of baby teeth begins during intrauterine life, it is important for the mother to have a source of fluoride in the diet.

Although many women experience no symptoms at all, many other pregnant women suffer nausea or even severe bouts of vomiting in early pregnancy. As the term "morning sickness" implies, symptoms may be most frequent in the morning, but they are certainly not confined to this time of day.

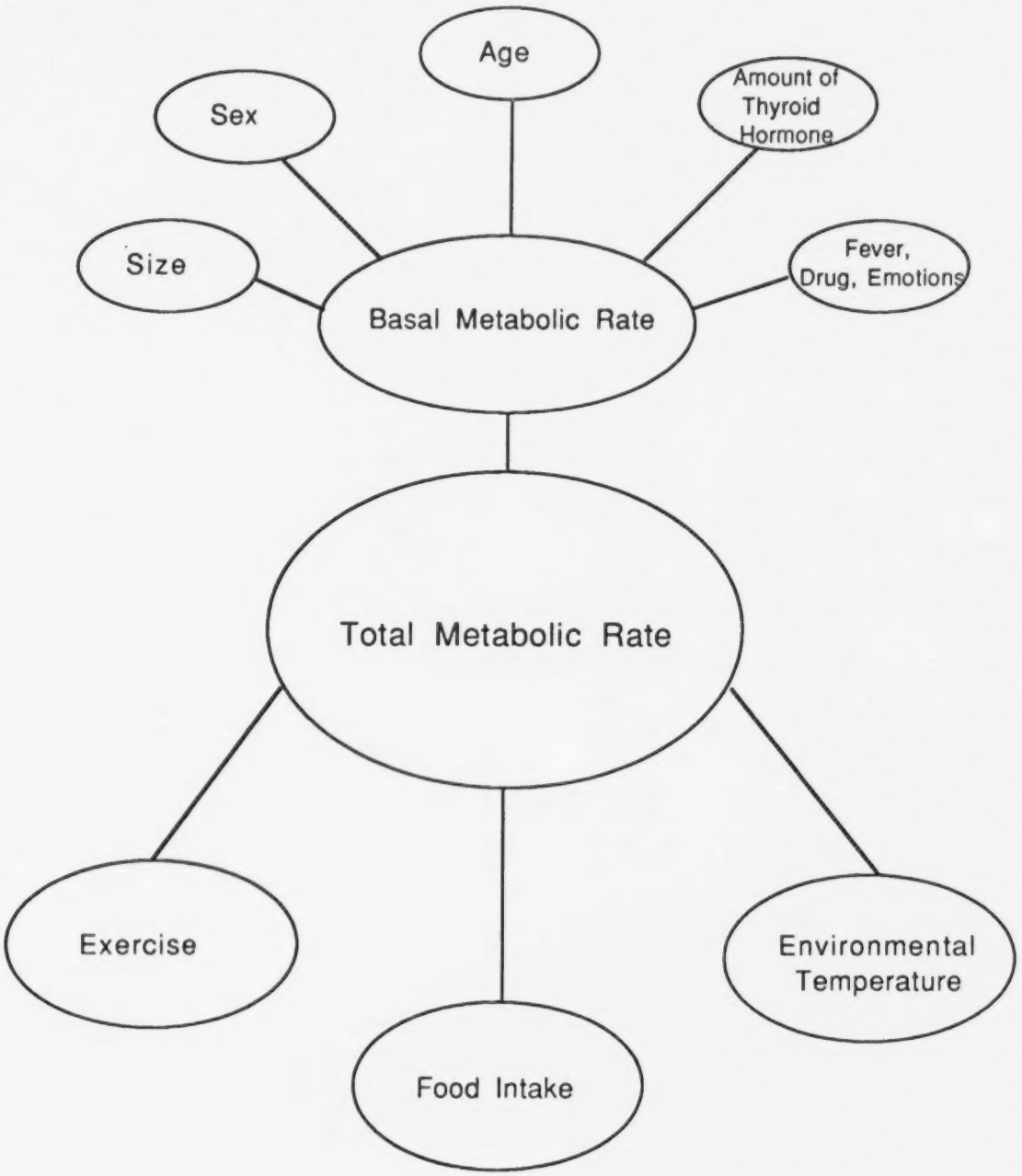
Many expectant mothers have found that eating a few dry crackers before rising, or at other times when nausea threatens, will help to quell these symptoms. If vomiting does occur, it is important that fluids be replaced. Lost fluids can best be replaced by scheduling light meals and snacks throughout the day.

Increased inactivity and a growing fetus crowding the intestines may result in constipation. Sufficient intake of fiber and fluids will help to alleviate this problem. Because many drugs, including laxatives, are transmitted across the placenta and may affect the fetus, they should be taken only when prescribed by a physician.

Marvin R. Levy, Mark Dignan, and Janet H. Shirreffs, Essentials of Life and Health, Fifth Edition, Random House, New York, 1988, p. 303.

FACTORS DETERMINING TOTAL METABOLIC RATE

Student Handout



HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY BODY

TOPIC: WELLNESS

OUTCOMES: 15. **Discuss food labels as a means of evaluating nutritional values of processed foods and additives.**

28. **Evaluate food, drug, and cosmetic labels to identify additives and ingredients contained in the products.**

ACTIVITY 10 - OUTCOMES 15 and 28

Materials:
- A sample label large enough to be observed by all students
- Ten to fifteen (10-15) labels from a variety of foods, drugs, and cosmetic products.

Discuss with students the need to assess the nutritional value of various foods.

Exhibit a large sample of a food label and show how the following information can be obtained from it:

-number of servings per container
-list of ingredients in the food
-calories per serving
-amount of protein, fat, carbohydrates
-amounts, percentages, minimum daily requirements, etc. of vitamins and minerals

Divide students into groups of three, and give each group a food label. Allow the groups to take ten minutes to analyze the ingredients, including all the forms of sugars, fats, and salts. Have each group classify the food as excellent, good, fair, or poor, and give the reasons for its rating.

Develop a chart on the board to evaluate the different foods. List the rating across the board and the name of the food down the side. Have a spokesperson for each group list the food, check the rating given, and explain why the group gave the rating.

Have the class discuss the value of the information on the food labels and the use of this information in the selection of food. In the discussion, teach the students to relate the information to their concept of wellness.

Distribute the ten to fifteen labels to that number of students, and ask each student to evaluate labels on foods, drugs, and cosmetics to determine which active ingredients and additives are present and in what amounts. In addition, have students compare different brands of the same product for completeness, consistency, and readability of information about ingredients found on labels. Ask these students to share this information with the class.

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY BODY

TOPIC: WELLNESS

OUTCOME: 42. Analyze factors influencing weight control.

ACTIVITY 11 - OUTCOME 42

Materials: • Copies of Dietary Guidelines for Americans (listed in Materials, p. 27)

Discuss with the students the two primary factors of weight control--diet and exercise. Point out that overeating is the most common cause of being overweight and that only five percent or less of the people are overweight because of glandular malfunction.

Divide the class into four groups to analyze the following factors in terms of their influence on weight control:

Group 1 -- APPETITE AND WEIGHT CONTROL
- bulimia
- anorexia
- appetite control products
- appetite appeal of certain foods (chocolates, ice cream, etc.)
- advertising and appetite appeal

Group 2 -- DIET AND WEIGHT CONTROL
- crash diets
- fasting
- high protein diets
- carbohydrate diets
- calorie reduction/increase
- food exchange

Group 3 -- EXERCISE AND WEIGHT CONTROL
- kinds of exercise that "burn off" excess weight
- kinds of exercise that satisfy recreational and physiological needs without contributing to serious weight loss for underweight persons
- weight-loss centers/programs

Group 4 -- MENTAL ATTITUDE AND WEIGHT CONTROL
- low self-esteem (bulimic individuals)
- distorted self-image (anorexic individuals)
- mental restraint (at mealtimes and snack times)
- determination to engage in exercise, to follow diet, etc.

ACTIVITY 11 - OUTCOME 42 (continued)

As a follow-up, discuss the interrelationships of weight-control factors; for example,

- the value of high volume, low calorie diets (Group 2) to help bulimic individuals (Group 1)

- weight-loss centers/programs to assist with determination to engage in and continue exercise

Finally, use the Dietary Guidelines for Americans to discuss the importance of diet in reducing the risk of chronic diseases and in improving health in general.

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY BODY

TOPIC: WELLNESS

OUTCOMES: 1. **Review number and functions of teeth.**

5. **Discuss the factors associated with loss of teeth and the benefits of preventive and corrective dentistry.**

ACTIVITY 12 - OUTCOMES 1 and 5

Materials: • Charts and/or models of teeth
• Student Handout - DENTAL HEALTH CHECKLIST (p. 39)

Review the following by pointing out each on a chart or model:

- Primary teeth
- Permanent teeth
- Emergence of wisdom teeth
- Parts of a tooth
- Supporting structures of teeth

As part of the review process, ask students to identify the functions of the teeth.

Lead a discussion on factors associated with the loss of teeth and the problems that result. Ask students to recount personal experiences involving any of the following:

- tooth decay
- gum disease
- plaque build-up
- tooth abnormalities
- diseases affecting the supportive structure of the teeth

Review with the students the definitions of "preventive dentistry" and "corrective dentistry." "Preventive dentistry" is the use of techniques which slow or make difficult the progress of problems of the teeth, gums, and mouth. These techniques are used prior to the appearance of the full-blown problem. "Corrective dentistry" is the making or setting right of problems of the teeth, gums, and mouth in order to bring to some standard or required condition. This procedure occurs after the problem has arisen.

ACTIVITY 12 - OUTCOMES 1 and 5 (continued)

Ask each of the students to review the benefits of preventive and corrective dentistry by preparing a written report on one of the following topics under "Preventive Dentistry" or under "Corrective Dentistry":

- preventive dentistry
  - -- fluorides
  - --. proper eating habits
  - -- regular dental visits
  - -- brushing and flossing

- corrective dentistry
  - -- early treatment
  - -- techniques of corrective dentistry, including orthodontics

Select four or five reports on a variety of topics, and ask the writers of the reports to present them orally to the class.

Have each student complete the DENTAL HEALTH CHECKLIST. Then, lead the class in a discussion about the benefits of prevention and correction listed on the handout. Have the students discuss ways in which dentists can correct each dental problem listed.

DENTAL HEALTH CHECKLIST
Student Handout

Prevention

Do you	Yes	No
Brush and floss your teeth twice daily?	____	____
Use fluorides?	____	____
Eat a balanced diet and limit snacks?	____	____
Visit the dentist regularly?	____	____
Use mouth guards during sports?	____	____
Avoid tobacco in any form?	____	____

If the answer is no to any question under "Prevention," then make a decision to improve your health by complying with these preventive procedures.

Correction

Do you have:

Broken/chipped teeth?	____	____
Discolored teeth?	____	____
Teeth that are painful?	____	____
Bleeding gums?	____	____
Teeth that are crooked?	____	____
Sore spots or white patches in your mouth?	____	____
Swelling or bumps in your mouth?	____	____

If the answer is yes to any question under "Correction," then talk to your parents about seeing a dentist.

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY BODY

TOPIC: WELLNESS

OUTCOME: 31. Evaluate careers in the field of dentistry in terms of the duties, responsibilities, education, and training of each.

ACTIVITY 13 - OUTCOME 31

Invite a dentist, orthodontist, oral surgeon, and dental assistant to visit your class. Ask them to share with the class their duties, responsibilities, and educational training.

After each presentation, have a question-and-answer session. In order to establish a dialogue, have each student prepare at least two questions prior to the professionals' visit to ask at the time of the classroom visit.

EXAMPLES OF QUESTIONS TO ASK THE DENTAL PROFESSIONAL

1. How many years of study have you completed for this work?
2. How many additional years did your residency take? What did you actually do for your resident work? Where was your residency?
3. What do you like most about your profession? The least?
4. Would you choose this profession again?
5. How long have you practiced?
6. Why did you choose this city for your practice?
7. What do you do to help a patient overcome his/her fear of "the dentist?"

Etc.

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY BODY

TOPIC: WELLNESS

OUTCOME: 17. Explain the relationship between lifestyle and prominent diseases.

ACTIVITY 14 - OUTCOME 17

Materials:
- Supplies for media presentations
- Student Handout - HOW TO...ESTIMATE HOW LONG YOU WILL LIVE (pp. 42-43)
- Student Handout - PERSONAL HEALTH COMMITMENT (p. 44)

Divide the class into small groups. Assign each group to a disease (heart disease, cancer, diabetes, circulatory disease), and tell each group to research the causes, the symptoms, and the effects of the disease. After the groups have completed their research, lead a discussion on the relationship between lifestyle and these prominent diseases.

After the discussion, ask the same groups to create an advertising campaign with the theme, "Stay Aware - Stay Alive." The advertising campaign should illustrate how lifestyle can prevent or alleviate the disorders. Encourage the students to select a variety of media presentations (skit, billboard, radio spot, etc.) to illustrate ways that changes in lifestyle can contribute to wellness and can help prevent or minimize the effects of these diseases. If a video camera is available, tape each presentation for future use.

Distribute the handout HOW TO...ESTIMATE HOW LONG YOU WILL LIVE. Review with students the research completed by them on the relationship of lifestyle and prominent diseases. Remind students that this relationship affects their life span.

Have students identify the handout items that relate to lifestyle and prominent diseases and calculate the number of additional years a person might live by adhering to the lifestyle suggested by these items.

(NOTE: Because of its application to the overall topic of "wellness," the teacher may elect to have students complete the entire exercise HOW TO...ESTIMATE HOW LONG YOU WILL LIVE.)

Have students critique their behavior by completing the handout PERSONAL HEALTH COMMITMENT (from Putting Heart Health Into Your Curriculum, American Heart Association). Explain that the handout is to be used as a personal contract. After each student has completed the handout, collect and store the handouts in a secure area. At a predetermined time, return the handouts (contracts) to the students, and ask them to evaluate their progress according to the personal contracts.

HOW TO...ESTIMATE HOW LONG YOU WILL LIVE

Student Handout

Of course, no one knows for certain how long he or she will live. However, various factors are known to lengthen or shorten a person's life. These include genetic and environmental influences and personal habits. Dr. Diana S. Woodruff of Temple University in Philadelphia has compiled a self-test that takes such factors into account. The results will not be scientifically accurate, but they may help you to increase your chances for a longer life.

The average life expectancy for people born between 1965 - 1975 and 1976 - 1985 is as follows:

	1965 - 1975	1976 - 1985
Males	68 years, 8 months	70 years, 3 months
Females	76 years, 6 months	77 years, 7 months

To determine how your life expectancy is likely to compare with the average, study the following statements. Find out how many years you should add to or subtract from your life. Combine your total with the relevant life expectancy figure above. This is the age to which you can expect to live unless your lifestyle changes.

1. Descendants of long-lived people tend to live longer themselves. Add one year for each grandparent who lived to be 80 or more.

2. First-born children tend to live longer. If you are the oldest or only child born to your parents, add one year.

3. Overweight is a health hazard and a killer. If you are overweight, subtract one year for each 10 pounds of overweight.

4. If you do not smoke, add two years.

5. If you do smoke, subtract 12 years for two or more packs a day, 7 years for one to two packs, and 2 years for less than one pack.

6. If you regularly go without breakfast and just have some snacks for lunch, subtract two years.

7. If you exercise at least two or three times a week, add three years. Exercise can include long walks, bike riding, swimming, jogging, or any athletics as well as calisthenics.

8. If you have lived most of your life in one of the following states, add one year: North or South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri.

9. If you have lived mostly in New York, New Jersey, or Pennsylvania, subtract one year.

10. If you live (or intend to live) most of your life in a large city, subtract one year.

11. If you live (or intend to live) most of your life in a rural area, add one year.

12. If you intend to have regular annual medical examinations throughout your lifetime, add two years.

13. If you sleep more than nine hours a night (regularly), subtract four years.

14. If you plan to get married eventually, add three years.

15. If you don't use automobile seat belts or if you frequently drive or ride with someone beyond the speed limit, subtract one year.

16. If you do use seat belts and observe speed limits, add one year.

17. If you intend to finish college, add one year.

18. If you are planning a professional career, such as law, medicine, or science, add two years.

19. If you intend to get a job that requires you to sit most of the day and not move around, subtract three years.

20. If you are planning a career that requires physical activity (for example, dancing or construction work), add three years.

21. If you sleep in a cool or cold room, add two years.

22. If you regularly read books or articles about good health or nutrition and try to live according to what you've learned, add five years.

23. If you're usually calm, reasonable, contented, and practical, you might be able to add up to five years.

24. If you're usually very competitive, intense, nervous, or unhappy, you might have to subtract several years--unless you seek professional help or do what you can to calm yourself and change your habits.

25. If you expect to become very rich, take a high-risk job (such as bomb removal or one involving much air travel), or remain single, you may have to subtract several years.

Adapted from Judith Bentley, "Will You Live to Be 100?," Family Health, January 1975. Reprinted by permission of the author in William M. Kane, Senior Consultant, Understanding Health, The Second Edition, Random House School Division, New York, 1987, pp. 198-199.

PERSONAL HEALTH COMMITMENT

Student Handout

Identification of Personal Risk Factors

What risk factors that could contribute to a prominent disease can you identify in your lifestyle? List them in the space provided.

_____

_____

_____

_____

Personal Health Commitment

What should you do to eliminate these risk factors? Develop a plan to address each risk factor by using the following format:

My goal for modification of this risk factor is as follows:

By _____ (Date), I shall _____

_____.

My plan for accomplishing this goal is as follows:

By _____ (Date), I shall _____

_____.

Repeat the goals for each risk factor.

_____ (Witnessed by)

_____ (Individual's Signature)

_____ Date of Contract

_____ Date of Contract

Adapted from "Putting Heart Health Into Your Curriculum," American Heart Association, 1984.

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY BODY

TOPIC: DISEASE

OUTCOME: 7. Discuss diseases in terms of prevention and treatment measures.

ACTIVITY 15 - OUTCOME 7

Materials:
- Poster board (one sheet per group and one for composite)
- Markers
- Masking tape to display posters

Divide the class into four groups and assign each group one of these topics-- Tay-Sachs, hemophilia, sickle-cell anemia, and hypertension. Groups are to research topics assigned to them and prepare poster paper charts according to the format below. Using the same format, develop a composite chart from information presented in group reports.

Disease	How Acquired	Preventive Measures	Treatment
hemophilia	inherited, sex-linked trait	genetic counseling	blood transfusion extracts of the globulin

After each group has presented its research, lead the class in a discussion of each disease. Emphasize how personal responsibility is involved in preventive and treatment measures.

TOPIC: DISEASE

OUTCOME: 35. Critique advantages and disadvantages of confidential medical treatment.

ACTIVITY 16 - OUTCOME 35

Discuss the meaning of confidential medical treatment. Divide the class into four groups.

Assign each group one of the following topics:

- advantages of confidential treatment
- disadvantages of confidential treatment
- availability of confidential treatment
- concerns about confidential treatment

Allow groups ten minutes to brainstorm and to list items related to their topics. Have a spokesperson from each group report findings to the class. Write findings from each group in a place where students can see them. Findings may be similar to the following:

Advantages	Disadvantages	Availability	Concerns
Don't have to worry about what people think	Parents may not get a chance to help us with our problems.	Local health clinic or family doctor	Doctor or health personnel may contact parents.

During the discussion, emphasize how confidential medical treatment can encourage an individual to seek help.

When all items are recorded, summarize the importance of seeking medical treatment. Explain that medical records are confidential.

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY BODY

TOPIC: DISEASE

OUTCOMES: 8. Discuss sexually transmitted diseases (STDs) in terms of their symptoms, methods of transmission, and current related research.

34. Discuss prevention/treatment of STDs, resources available for assistance in prevention/treatment, and public attitudes toward infected persons.

ACTIVITY 17 - OUTCOMES 8 and 34

Materials:
- Butcher paper or posters for chart
- Magic marker
- Student Handout - CATEGORIES OF STDs (p. 50)
- Resource materials available through county and state public health departments

Divide class into small groups, and assign each group one of the following topics:

- Acquired Immune Deficiency Syndrome (AIDS)
- syphilis
- gonorrhea
- genital warts
- genital herpes
- NGU - nongonococcal urethritis
- chlamydia
- trichomoniasis
- moniliasis
- pubic lice ("crabs")

Have each group complete the student handout CATEGORIES OF STDs in researching its topic according to the following categories:

- causative agent
- symptoms (for men and women)
- methods of transmission (how the STD is spread)
- medical treatment (treatment or cure)
- current research (latest findings)
- methods of prevention (how not to get an STD)

ACTIVITY 17 - OUTCOMES 8 and 34 (continued)

In the categories of treatment and prevention, provide to the students a listing of resources available. Include the following in this listing:

- county and state public health departments
- private physicians' offices
- private agencies/organizations (For further information on these, contact the county public health department.)

Assure the students that these resources stress confidentiality.

Have each group place its STD findings on a large chart under the appropriate categories.

MODEL CHART FOR STDs

CATEGORIES OF STDs
Student Handout

STD	CAUSATIVE AGENT	SYMPTOMS MEN	SYMPTOMS WOMEN	METHODS OF TRANSMISSION	TREATMENT	CURE	CONSEQUENCES IF LEFT UNTREATED MEN	CONSEQUENCES IF LEFT UNTREATED WOMEN	CURRENT RESEARCH	METHODS OF PREVENTION

Summarize these findings with the class, and conclude the summary with the following points:

- Sexually transmitted diseases are most often spread by direct physical contact with an infected person.
- There are no vaccines to prevent STDs at this time.
- Having one of these does not produce immunity to it or to any other STD.
- There are no cures at this time for viral infections, such as AIDS, genital herpes, and genital warts.

- If left untreated, many STDs can cause permanent damage, such as syphilitic insanity and blindness, and can even cause death.

- Contracting STDs can be minimized by avoiding sexual contact with an infected person or by using responsible protection. The only certain way to protect against STDs is to practice abstinence, avoiding sexual activity altogether.

Following the summary, discuss with the students what public attitudes exist toward infected persons (See ACTIVITY 22, OUTCOME 11 on pages 80-82 for use with this discussion).

CATEGORIES OF STDs
Student Handout

STD	CAUSATIVE AGENT	SYMPTOMS		METHODS OF TRANSMISSION	TREATMENT	CURE	CONSEQUENCES IF LEFT UNTREATED		CURRENT RESEARCH	METHODS OF PREVENTION
		MEN	WOMEN				MEN	WOMEN		

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY BODY

TOPIC: DISEASE

OUTCOME: 9. **Discuss the Acquired Immune Deficiency Syndrome (AIDS) in relation to symptoms and transmission.**

ACTIVITY 18 - OUTCOME 9

Materials:
- Student Handout - WHAT IS AIDS? (p. 52)
- Teacher's Copy - WHAT IS AIDS? (p. 53)
- Student Handout - HOW THE AIDS VIRUS AFFECTS THE IMMUNE SYSTEM (pp. 54-56)
- Teacher's Copy - HOW THE AIDS VIRUS AFFECTS THE IMMUNE SYSTEM (pp. 57)

Give each student a copy of the handout WHAT IS AIDS? to introduce the basic vocabulary about AIDS. Use the teacher copy to guide the discussion. Have students fill in the blanks on the student handout.

Using the handout HOW THE AIDS VIRUS AFFECTS THE IMMUNE SYSTEM, present the events that occur in the body after exposure to the AIDS virus. Present each page of the handout separately, and include the following information:

First Page: Three characters that are involved with the disease are described. Introduce and describe each character.

Second Page: The four pictures depict the encounter of T-cells, the AIDS virus, and antibodies in the blood. On the handout, the descriptions have been omitted. Ask the students to describe what they think is going on in each situation. If the students' responses are correct, instruct them to complete the descriptions on their handouts. If their responses are incorrect or incomplete, guide the discussion to the correct responses and have individual handouts completed.

Third Page: The results of the attack of the AIDS virus are depicted. Continue the discussion describing the effects of a weakened or destroyed immune system.

WHAT IS AIDS?

Student Handout

AIDS stands for **A cquired I mmune D eficiency S yndrome**

"Acquired"	means	caught gotten
"Immune"	means	protected from safe from
"Deficiency"	means	a lack of not adequate
"Syndrome"	means	a group of signs a group of symptoms

AIDS originally meant

the final stages of a serious illness that people get because their _____SYSTEM, which is designed to fight diseases in the body, is weakened.

AIDS' current definition,

in addition to previous definition, now includes diseases caused by destruction of the _____ SYSTEM from the AIDS virus.

AIDS is caused by

HIV-1, a virus that attacks white blood cells in human blood. HIV-1, Human Immunodeficiency Virus-1, is also called the AIDS VIRUS. In this study it will be called HIV-1 or, simply, the _____.

AIDS infection begins to develop when

the AIDS virus (HIV-1) enters the blood stream and attacks certain white blood cells.

AIDS infection can be discovered

when ANTIBODIES show up in a simple blood test. _____ are chemicals produced in the blood from two weeks to more than a year after the AIDS virus enters the blood.

AIDS is called a

_____ disease because it is passed from an infected person to another person.

WHAT IS AIDS?

Teacher's Copy

AIDS stands for **A**cquired **I**mmune **D**eficiency **S**yndrome

"Acquired"	means	caught gotten
"Immune"	means	protected from safe from
"Deficiency"	means	a lack of not adequate
"Syndrome"	means	a group of signs a group of symptoms

AIDS originally meant — the final stages of a serious illness that people get because their **IMMUNE SYSTEM,** which is designed to fight diseases in the body, is weakened.

AIDS' current definition, — in addition to previous definition, now includes diseases caused by destruction of the **NEUROLOGICAL SYSTEM** from the AIDS virus.

AIDS is caused by — **HIV-1,** a virus that attacks white blood cells in human blood. **HIV-1,** Human Immunodeficiency Virus-1, is also called the **AIDS VIRUS.** In this study it will be called **HIV-1** or, simply, the **AIDS VIRUS.**

AIDS infection begins to develop when — the AIDS virus (HIV-1) enters the blood stream and attacks certain white blood cells.

AIDS infection can be discovered — when **ANTIBODIES** show up in a simple blood test. **ANTIBODIES** are chemicals produced in the blood from two weeks to more than a year after the AIDS virus enters the blood.

AIDS is called a — **CONTAGIOUS** disease because it is passed from an infected person to another person.

HOW THE AIDS VIRUS AFFECTS THE IMMUNE SYSTEM

Student Handout

CHARACTERS

Name: **T-CELL**

Definition: A kind of white blood cell that is important in the control of pathogens (viruses, fungi, bacteria) that live inside body cells.

Name: **AIDS VIRUS**

Definition: A kind of pathogen that attacks and destroys T-Cells.

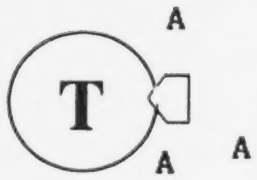
Name: **ANTIBODY**

Definition: A chemical that is produced in response to the AIDS virus and that stays in the blood stream.

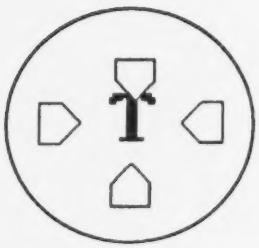
HOW THE AIDS VIRUS AFFECTS THE IMMUNE SYSTEM

Student Handout

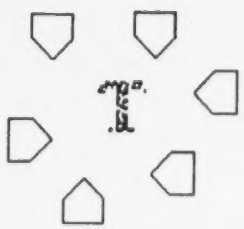
SITUATION



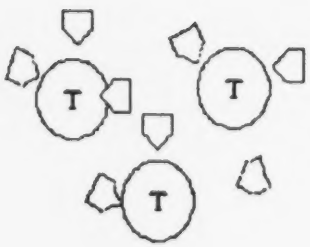
Describe picture: _____



Describe picture: _____



Describe picture: _____



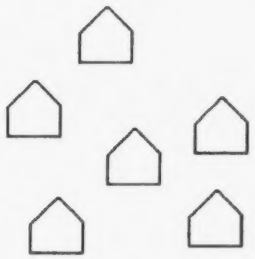
Describe picture: _____

62

HOW THE AIDS VIRUS AFFECTS THE IMMUNE SYSTEM

Student Handout

RESULT



Describe picture: When T-Cells are destroyed, the immune system can no longer attack pathogens.

The immune system is weakened. The body is now susceptible to opportunistic diseases.

HOW THE AIDS VIRUS AFFECTS THE IMMUNE SYSTEM

Teacher's Copy

CHARACTERS

Name: **T-CELL**

Definition: A kind of white blood cell that is important in the control of pathogens (viruses, fungi, bacteria) that live inside body cells.

Name: **AIDS VIRUS**

Definition: A kind of pathogen that attacks and destroys T-Cells.

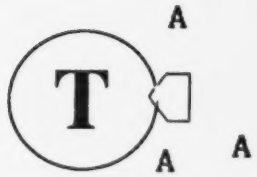
Name: **ANTIBODY**

Definition: A chemical that is produced in response to the AIDS virus and that stays in the blood stream.

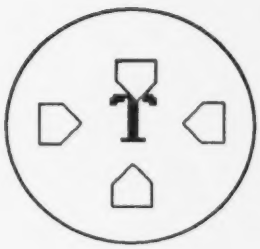
HOW THE AIDS VIRUS AFFECTS THE IMMUNE SYSTEM

Teacher's Copy

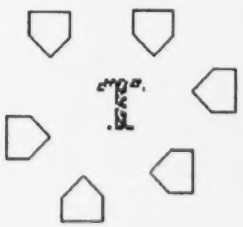
SITUATION



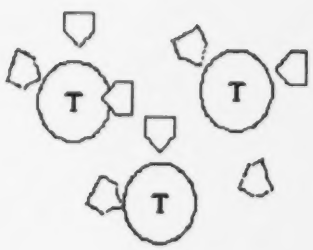
Describe picture: AIDS virus is in the blood stream. AIDS virus attacks T-Cell. Antibodies are being produced as the virus is encountered.



Describe picture: AIDS virus multiplies when the T-Cell is activated with another infection.



Describe picture: T-Cell is being destroyed.



Describe picture: The AIDS virus attacks more T-Cells and destroys them in the same way.

HOW THE AIDS VIRUS AFFECTS THE IMMUNE SYSTEM

Teacher's Copy

RESULT

Describe picture: When T-Cells are destroyed, the immune system can no longer attack pathogens.

The immune system is weakened. The body is now susceptible to opportunistic diseases.

ACTIVITY 19 - OUTCOME 9

Materials:
- Student Handout - CONTINUUM OF DEVELOPMENT OF DISEASE (pp. 63-65)
- Student Handout - COURSE OF TRANSMISSION (p. 66)
- Teacher's Copy - COURSE OF TRANSMISSION (p. 67)

To illustrate how AIDS develops following infection, refer to the handout CONTINUUM OF DEVELOPMENT OF DISEASE. As the material is studied, instruct the students to focus on each symptom and to note how the changes occur as the disease develops following infection with the AIDS virus.

The following questions emphasize these changes:

1. What is the term used to describe an infected person who has no symptoms?
   (Asymptomatic)

2. What does ARC stand for?
   (AIDS-Related Complex)

3. What are some of the symptoms associated with ARC?
   (See symptoms a. - h. on the first page of the handout. A word of caution may be needed here. Teachers should tell students that the symptoms associated with ARC are common to other diseases, e.g., mononucleosis. Assure students that they should not worry about having the AIDS virus unless they have been sexually active, have abused IV drugs, or have received a contaminated blood transfusion prior to 1986.)

4. When is an infected person likely to die?
   (Most likely when full-blown AIDS has been diagnosed but sometimes when ARC has been identified)

5. What are two "opportunistic" diseases associated with full-blown AIDS?
   (Pneumocystis carinii pneumonia and Kaposi's sarcoma)

An important fact on the CONTINUUM OF DEVELOPMENT OF DISEASE handout is that persons in all three stages can infect others. Teachers should give emphasis to the following question:

6. At what time can an infected person infect others?
   (Anytime from initial infection until death)

During the discussion, explain that "opportunistic" diseases are rare diseases that are normally fought off by the immune system. When the immune system is damaged, however, these rare diseases take the "opportunity" to develop. Define Pneumocystis carinii pneumonia and Kaposi's sarcoma as "opportunistic" diseases associated with full-blown AIDS. Discuss the symptoms associated with each.

ACTIVITY 19 - OUTCOME 9 (continued)

Use page three of the handout CONTINUUM OF DEVELOPMENT OF DISEASE to show a continuum for the development of disease following infection with the AIDS virus in two hypothetical individuals. Explain that describing the development of infection with the AIDS virus as three distinct stages (Asymptomatic, ARC, AIDS) is not entirely accurate. In reality, the development of infection with the AIDS virus progresses along a continuum. In the continuum of development, the stages are not easily distinguished from the neighboring stages.

Ask students to read the third page to find out why the development of disease following infection with the AIDS virus is thought of as a continuum or a spectrum. In addition, instruct students to look for information about how the time of development differs in individuals.

When students have finished reading independently, ask questions similar to the following:

1. In general, what is the length of time between exposure to the AIDS virus and the development of antibodies? (Persons exposed to the AIDS virus develop antibodies from two weeks to six months after exposure. Recent studies indicate, however, that antibodies may not form for a year or more after exposure.)

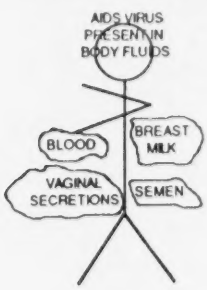
2. Explain why diseases brought on by infection with the AIDS virus do not develop in distinct stages. (Infection with the AIDS virus is progressive in nature and develops as does a continuum or spectrum. It is not easy to distinguish in the continuum of development one point from its neighboring point.)

3. Which individual took longer for ARC to be identified? (Individual 2)

4. Which individual lived longer after AIDS was diagnosed? (Individual 1)

Make a transparency or poster of the teacher copy of the handout COURSE OF TRANSMISSION. Use this to present the following information in lecture format. Begin the presentation with the diagram of the INFECTED PERSON.

INFECTED PERSON



Explain that an INFECTED PERSON is a person who has the AIDS virus found in body fluids. The INFECTED PERSON may not know that the AIDS virus is in the body. The best known method to date for identifying the AIDS virus in body fluids is the AIDS antibody test. The AIDS virus has been located in the blood, vaginal secretions, breast milk, and semen of individuals.

EXIT POINTS OF THE AIDS VIRUS

1. Breaks in Skin
2. Penis
3. Vagina
4. Mucus Membrane
5. Rectum

Next, explain that the AIDS virus can leave the infected person's body and be transmitted through certain specific EXIT POINTS of the body. Make sure that the students understand that the infected person is still infected with the AIDS virus. The EXIT POINTS through which the AIDS virus can be transmitted include the following body openings: penis, vagina, rectum, and mucous membrane, and breaks in the skin.

KNOWN METHODS OF TRANSMISSION

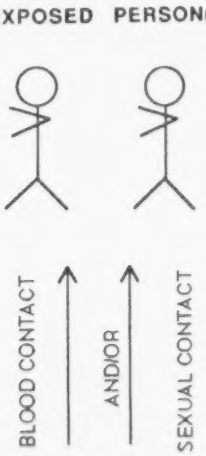
1. Sexual Contact
2. Sharing Any Needles, Especially for Drugs
3. Mother to Child
4. Blood Transfusion Before 1986

Direct students' attention to the list of known METHODS OF TRANSMISSION.

ENTRANCE POINTS OF THE AIDS VIRUS

1. Breaks in Skin
2. Penis
3. Vagina
4. Mouth
5. Mucus Membrane
6. Rectum

Tell students that the final part of the course of transmission is infecting an uninfected person. Point out that the ENTRANCE POINTS for the AIDS virus are the same body openings as the exit points of the AIDS virus with the addition of the mouth.



Draw students' attention to the figures that represent the EXPOSED PERSON(S). Explain that, through certain chosen behaviors (for example, blood contact through IV drugs and/or sexual contact), a person increases the risk of being exposed to the AIDS virus. Emphasize that most AIDS cases have occurred because a person has chosen to practice at-risk behaviors.

CONTINUUM OF DEVELOPMENT OF DISEASE

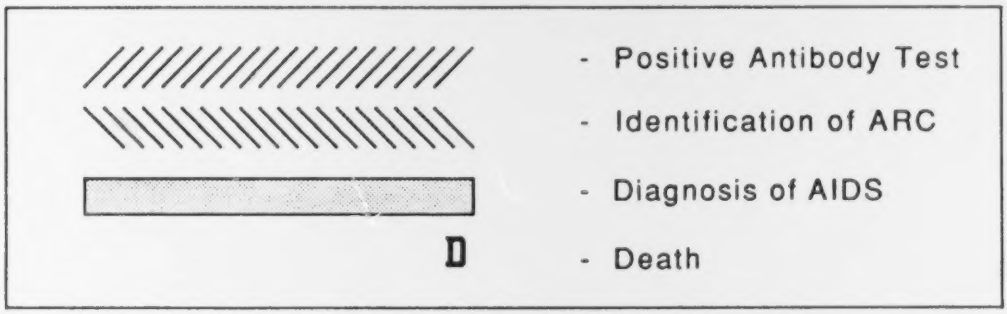
Student Handout

CONTINUUM	SYMPTOMS / CONSEQUENCES
1. FEW or NO SYMPTOMS Sometimes called ASYMPTOMATIC because generally there are no symptoms.	1. May be no overt symptoms 2. Some patients early in the course of infection may develop neurological disease (memory loss, indifference, loss of concentration, deteriorating mental capacity) before developing immunological disease (ARC or AIDS) 3. Can infect other people
2. SOME SYMPTOMS Sometimes called AIDS-RELATED COMPLEX (ARC) because usually there are identifiable symptoms that are less severe than the disease called AIDS or FULL-BLOWN AIDS.	1. Often develop identifiable symptoms such as a. loss of appetite b. weight loss c. fever d. night sweats e. skin rashes f. diarrhea g. tiredness h. swollen lymph nodes 2. May have some symptoms of neurological disease (memory loss, indifference, loss of concentration, deteriorating mental capacity) 3. Can infect other people 4. May progress to full-blown AIDS 5. Can result in death

CONTINUUM OF DEVELOPMENT OF DISEASE (Continued)

CONTINUUM	SYMPTOMS/CONSEQUENCES
3. AIDS Sometimes called FULL-BLOWN AIDS because the immune system is virtually destroyed. "OPPORTUNISTIC" diseases (those that are rare and normally fought off by the immune system) occur in the body.	1. Often develop Pneumocystis carinii pneumonia a. persistent cough b. fever c. shortness of breath d. difficulty breathing 2. Often develop Kaposi's sarcoma a. type of cancer b. skin bumps c. warts d. multiple purplish blotches 3. Often have neurological disease a. memory loss b. indifference c. loss of concentration d. partial paralysis e. mental disorder f. severe dementia 4. Can infect other people 5. Results in death

CONTINUUM OF DEVELOPMENT OF DISEASE



Individual 1

Individual 2

NOTES:

1. The development of AIDS should not be divided into distinct stages. Instead, the development of the disease should be viewed as a spectrum or a continuum.

2. Time lines for the development of the disease are variable. For example:

   A. Infection can show up in a positive antibody test from two weeks to more than a year after exposure.

   B. "Full-blown" AIDS can often develop within 5 to 10 years after infection; however, death can result in as short a period as 6 months after infection.

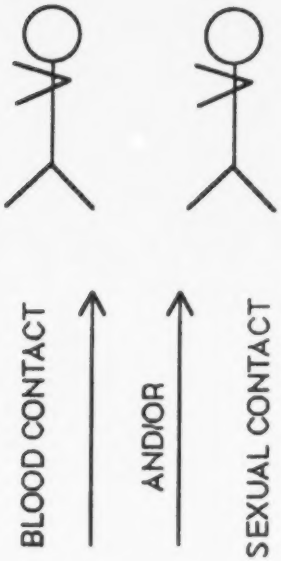
   C. ARC can develop within a few months to a few years after exposure.

The development of disease following infection with the AIDS virus is different in each individual.

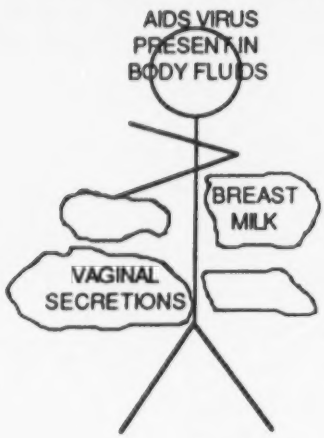
COURSE OF TRANSMISSION

STUDENT HANDOUT

EXPOSED PERSON(S)



INFECTED PERSON



TRANSMITTED THROUGH

ENTRANCE POINTS OF THE AIDS VIRUS

1. Breaks in Skin
2. _____
3. Vagina
4. Mouth
5. Mucus Membrane
6. _____

EXIT POINTS OF THE AIDS VIRUS

1. Breaks in Skin
2. Penis
3. _____
4. _____
5. Rectum

TO UNINFECTED PERSON(S)

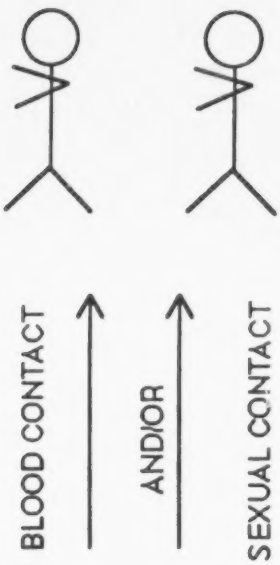
KNOWN METHODS OF TRANSMISSION

1. Sexual Contact
2. Sharing Any Needles, Especially for Drugs
3. Mother to Child
4. Blood Transfusion Before 1986

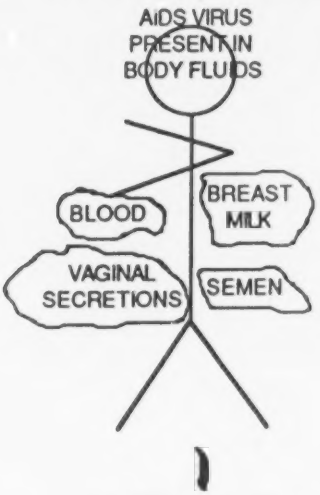
COURSE OF TRANSMISSION

Teacher's Copy

EXPOSED PERSON(S)



INFECTED PERSON



TRANSMITTED THROUGH

ENTRANCE POINTS OF THE AIDS VIRUS

1. Breaks in Skin
2. Penis
3. Vagina
4. Mouth
5. Mucus Membrane
6. Rectum

EXIT POINTS OF THE AIDS VIRUS

1. Breaks in Skin
2. Penis
3. Vagina
4. Mucus Membrane
5. Rectum

TO UNINFECTED PERSON(S)

KNOWN METHODS OF TRANSMISSION

1. Sexual Contact
2. Sharing Any Needles, Especially for Drugs
3. Mother to Child
4. Blood Transfusion Before 1986

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY BODY

TOPIC: DISEASE

OUTCOME: 10. Develop strategies to avoid contracting the AIDS virus.

ACTIVITY 20 - OUTCOME 10

Materials:
- Student Handout - WHAT ARE "AT-RISK" BEHAVIORS? (pp. 72-73)
- Student Handout - BEHAVIORS RELATED TO AIDS PREVENTION (pp. 74-76)

Tell students to think silently for a moment about "at-risk" behaviors in everyday life and the reasons these behaviors are considered to be "at-risk"; for example, riding in a vehicle without a seat belt fastened places someone at risk if an accident occurs. Ask students to name other examples of "at-risk" behavior in everyday life. Their answers might include water skiing without a life preserver, riding a motorcycle without a helmet, jaywalking, smoking, lighting a match at a service station, and experimenting with illegal drugs. Spend only a few minutes on this part of the activity.

Remind students that the AIDS virus is transmitted by an exchange of body fluids, primarily blood and semen. This means that blood exposure and sexual contact are "at-risk" behaviors in relation to the spread of the AIDS virus.

Explain further that, according to the Centers for Disease Control, of the AIDS victims in 1987,

63% are homosexual/bisexual males;
19% are intravenous (IV) drug abusers (male and female);
7% are homosexual male and IV drug abusers;
4% are heterosexual cases;
2% are from transfusions of blood or blood components;
1% has hemophilia/coagulant disorders; and
3% are undetermined.

Emphasize that while AIDS initially was primarily a male homosexual problem in the United States, the disease now threatens all people. Simply put, people get infected with the AIDS virus because of what they do, not because of who they are.

Tell students that the "at-risk" behaviors are described more fully in the handout WHAT ARE "AT-RISK" BEHAVIORS?. Distribute the handout and point out that "at-risk" behaviors are categorized into the following types:

- sexual contact
- sharing of needles/razor blades
- transmission from contaminated blood
- transmission from mother during pregnancy or after birth

ACTIVITY 20 - OUTCOME 10 (continued)

Tell students to read the handout independently. Explain that they should look for the following specific information while they read:

1. What kinds of sexual activity increase the chances of becoming infected with AIDS virus?

2. Why is it important to save sexual activity until an individual is in a monogamous marriage relationship with an uninfected person?

3. Why is it important to end sexual activity if a person has been sexually active?

4. What are some ways that previously used needles are shared, and why are these called "at-risk" behaviors?

5. What procedure has greatly reduced the chances of transmitting the AIDS virus through blood transfusions?

6. Which body fluids are involved in the transmission of the AIDS virus from an infected mother to her child?

Allow students five minutes to read the handout. When they have finished, ask the same questions, and discuss the answers. End the discussion by listing safe behaviors as noted from the brochure, "Understanding AIDS," U.S. Department of Health and Human Services:

SAFE BEHAVIOR

- abstinence from sex (not having sex)
- sex with one mutually faithful, uninfected partner
- abstinence from IV drug abuse (not shooting drugs)

Using the information regarding "at-risk" behaviors , distribute the handout BEHAVIORS RELATED TO AIDS PREVENTION. With this handout, state that certain behaviors that prevent infection with the AIDS virus are listed opposite their related "at-risk" behaviors.

State that there are actions or behaviors people can choose in order to prevent or to lessen the risk of becoming infected with the AIDS virus.

Ask the students to read the handout independently and to define the following terms that are used in the handout:

- abstinence (from sex and drugs)--refraining by one's own choice from sex and drugs

- monogamous relationship--a relationship with only one person

- hemophiliac--a person who has a hereditary plasma-coagulation disorder, which is characterized by excessive bleeding

ACTIVITY 20 - OUTCOME 10 (continued)

Tell students that they will be looking for specific information while they read. Questions could include the following:

1. In what year did blood transfusions become safe?
2. What are some ways to reduce the chances of contracting AIDS through sexual contact?
3. What can happen to a baby born to a mother with AIDS?
4. What is the main message about using drugs?

Allow students five minutes to read the handout. When they have finished reading, ask the same questions orally, and discuss the answers.

List three categories on the chalkboard as follows:

BEHAVIORS

SAFE | SOME RISK | "AT-RISK"

After categories are identified, tell students that behaviors related to transmission of the AIDS virus can be classified as either "SAFE," "SOME RISK," or "AT-RISK."

Explain the definition of each category as follows:

SAFE	SOME RISK	"AT-RISK"
(No exchange or safe exchange of body fluids)	(Some risk of transferring AIDS virus from a body fluid into the bloodstream of another person)	(Almost certain exchange of semen or blood)

Next, ask students to think about behaviors related to contracting the AIDS virus. Then, ask students to name a behavior and to tell the category in which it belongs. Ask the class if it agrees with the placement of each behavior. When a consensus is reached, write the behavior in the proper category on the board. Tell students that they should be able to justify reasons for placing behaviors in categories.

ACTIVITY 20 - OUTCOME 10 (continued)

When all behaviors have been named and categorized, the board could be filled with items such as the following:

SAFE:

- touching
- hugging
- massage
- drinking from water fountain
- talking about drugs or sex
- long-term monogamous sexual relationship with uninfected person
- social kissing (dry)
- abstinence from sex
- abstinence from drugs
- donation of blood
- receipt of blood and blood products from uninfected persons

SOME RISK:

- the use of condom in sexual activity
- the sharing of razors, toothbrushes if no blood or sores are present

"AT-RISK":

- all sexual activity unless with an uninfected, monogamous partner
- the sharing of needles
- sex partner whose past history is unknown
- sex partner with multiple partners
- sex partner suspected of being infected with the AIDS virus
- blood-to-blood contact activities

Emphasize the fact that the most effective prevention against infection with the AIDS virus is abstinence from sexual contact and from IV drug abuse.

WHAT ARE "AT-RISK" BEHAVIORS?

Student Handout

I. Sexual Contact

Sexual contact is any act of sexual gratification involving the sex organs.

A. Sexual contact is risky unless you know for sure that you are uninfected and unless you have sex with only one person who you know is uninfected also.

B. If you have sexual contact outside of the situation described above, you are at risk. Your risk increases if you do any of following:

1. Sexual activity with more than one person increases risk.

2. Sexual activity with someone who has had sexual contacts in the past increases risk. If you have sex with someone today, you also have sex with everyone he/she has had sex with over the last ten years.

3. Sexual activity with someone who has used IV drugs increases risk.

4. Sexual activity that involves the rectum increases risk. The rectal membrane is dry and easily torn and allows for direct semen-to-blood exchange. Such activity also may violate Alabama law.

5. Sexual activity with prostitutes increases risk. Prostitutes have a variety of sex partners, and they often abuse IV drugs.

II. Sharing of Needles/Razor Blades

A. Use of a previously used needle is risky behavior.

1. Abuse of drugs where persons share needles and other drug equipment for injection is risky.

2. "Friendship pacts" between persons made by cutting skin and "exchanging blood" are risky.

3. Ear piercing where ears are pierced with a previously used needle is risky.

4. Tattooing designs on the body with needles that have been previously used is risky.

B. Cutting or shaving with previously used razor blades is risky.

III. Transmission From Contaminated Blood

A. Prior to 1986 the AIDS virus could be transmitted through blood transfusions since the blood was not tested for the AIDS virus.

B Since 1986, the use of the AIDS antibody test has all but eliminated the risk of transmitting the AIDS virus when a person receives a blood transfusion.

IV. Transmission of Virus from Mother During Pregnancy of After Birth of Child

A. In utero (blood-to-blood)

B. Breast milk (body fluid-to-blood)

BEHAVIORS RELATED TO AIDS PREVENTION

Student Handout

"AT-RISK" BEHAVIORS

1. Sexual Contact

PREVENTIVE BEHAVIORS

A. Say "No" to sexual activity.

The only certain way to prevent the sexual spread of the AIDS virus is to say "No" to sexual contact outside of a monogamous marriage relationship with an uninfected person.

B. Say "No" to known risk behaviors.

Teenagers are sometimes drawn to "trying-out" risky behaviors such as driving fast or trying alcohol, drugs, or sex. Remember that you can get the AIDS virus from a single sexual encounter if the other person has AIDS-infected blood.

1. Say "No" to multiple partners or to anyone who has had other partners.
2. Say "No" to persons who abuse drugs.
3. Say "No" to prostitutes.
4. Say "No" to anyone whose past sexual history is unknown.
5. Say "No" to sexual contact that involves the rectum.

C. If you have had sexual contact in the past, start saying "No" now.

"AT-RISK" BEHAVIORS	PREVENTIVE BEHAVIORS
	D. Say "No" to sex that involves no protective barriers (condoms and spermicides). Even though condoms can provide a protective barrier, they can fail also. So, consider the consequences of trusting your life to condoms.
II. Sharing needles and other drug apparatus	A. Say "No" to illegal drugs. B. Say "No" to sharing needles, syringes, and other drug apparatus of any kind.

REMEMBER: The primary ways that teenagers become infected with the AIDS virus are through sexual contact and IV drug use. But you can protect yourself and others by saying "No" to sex and drugs.

Some people became infected with the AIDS virus before safety procedures were well defined. Others can become infected with the AIDS virus if safety procedures are not followed. Consider the following situations:

III. Receiving contaminated blood by transfusion	A. Since 1986, this risk has been greatly reduced. Some persons including hemophiliacs, might have been infected before testing of the donated blood for the AIDS virus eliminated almost all of the risk. B. Persons who are infected with the AIDS virus should not give blood transfusions, plasma, or donate organs.

"AT-RISK" BEHAVIORS	PREVENTIVE BEHAVIORS
IV. Infected mother giving birth and caring for a child.	A. Women who are infected with the AIDS virus should realize the danger of the possibility of the child's being born with the virus. To prevent this, infected women should seriously consider not having babies.
	B. Infected women should not breast-feed babies.
V. Persons such as physicians, dentists, nurses, health workers, funeral directors, etc., who are in contact with blood and other body fluids during work.	These persons should follow strict safety procedures that lessen exposure to the AIDS virus.

REMEMBER: The chances of becoming infected through blood transfusions, mother-to-child contact, and usual health-related professional activities are slim.

ACTIVITY 21 - OUTCOME 10

Materials: • Student Handout - SAYING "NO" TO "AT-RISK" BEHAVIOR (pp. 78-79)

Now that students have identified specific behaviors that can prevent or lessen the risk of becoming infected with the AIDS virus, they need to develop strategies to say "No" to certain kinds of behaviors.

Ask students to think of some reasons that people give for being involved with sex and/or drugs. Suggest that some reasons might be

"...to be accepted by my friends"
"...to keep from being depressed"

Ask for students' responses, and record them on the chalkboard. Responses could include the following ideas:

- to fill the emptiness caused by depression, loneliness, or lack of friendship
- to prove something to oneself
- to prove something to someone else
- to get back at someone
- to try to "hold on" to a boyfriend or girlfriend
- to be accepted by others who give the impression that everybody is doing it
- to feel good

After all responses are listed, ask students to explain why these are poor reasons. Give an example similar to the following to initiate discussion:

If someone chooses to be involved with sex because of loneliness, that person could feel even lonelier after having sex with someone who doesn't care, who ignores him/her, or who laughs about it.

Ask students to explain why the other reasons listed are considered poor.

State that behaviors have consequences. Some consequences are positive, while others are negative. Ask students to think of possible negative consequences of being involved with sex and drugs. Write their responses on the board. Responses could include the following:

- Having to support a baby limits the opportunity to go to school.
- Having a baby ties one down and limits social life.
- Involvement with drugs can lead to self-destruction.
- Involvement with drugs demands a lot of money.
- AIDS is a killer, and one can get AIDS by being involved with either sex or drugs.

Following the discussion, divide the class into groups of four and provide each group member a copy of the handout SAYING "NO" TO "AT-RISK" BEHAVIOR. For Comment A in the handout, have each group prepare another response that is also a forceful and definite way to say "No." Following a discussion of each group's response, instruct groups to devise responses for the other comments. At the end of five minutes, ask each group to share responses with the entire class.

SAYING "NO" TO "AT-RISK" BEHAVIOR
Student Handout

A. Comment: "But we're in love!"
Response: "We may be. But I'm not ready for sex to be part of our relationship."

B. Comment: "Everybody's doing it."
Response:

C. Comment: "Don't you trust me?"
Response:

D. Comment: "No one waits until after marriage anymore."
Response:

E. Comment: "I guess there is no real reason to date anymore."
Response:

SAYING "NO" "AT-RISK" BEHAVIOR, Student Handout (Continued)

F. Comment: "Babe, I wouldn't do anything to hurt you."
Response:

G. Comment: "Do I look like someone who would lie to you?"
Response:

H. Comment: "Aw, come on! One time won't hurt."
Response:

I. Comment: "Don't worry! This disease won't happen to us."
Response:

J. Comment: "What's the matter? Are you scared?"
Response:

K. Comment: "If you don't, I don't want to hang around with you anymore."
Response:

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY BODY

TOPIC: DISEASE

OUTCOME: 11. **Develop a plan based on personal values, beliefs, and current research for coping with the public's attitude toward AIDS.**

ACTIVITY 22 - OUTCOME 11

Materials:
- Teacher's Copy - FACT/MISCONCEPTION LIST (pp. 83-85)
- Current research from pamphlets, magazines, and newspaper articles
- Poster paper
- 6" x 8" cards
- Chalkboard
- Easel

Since the public's attitude toward AIDS is based on as many misconceptions as facts, it is important for the students to be able to distinguish between fact and misconception. Using the FACT/MISCONCEPTION LIST, read each statement, and ask the students to respond orally either as a class or as an individual. If needed, discuss reasons for the correct responses. If there are any questions about whether an item is a fact or a misconception, read the fact from the FACT/MISCONCEPTION LIST, which states that "AIDS has been transmitted by..." If an item involves a remote technical possibility of transmission, but if there are no known cases of transmission, the item is labeled "misconception."

After dealing with facts and misconceptions, point out to the students that these points, as well as current research, should guide them in developing a plan to cope with the public's attitude toward AIDS.

Continue the discussion with the following information:

> "AIDS is something that happens to someone else. Absolutely no one intends to get it. So why study about it? In the short span of the last seven years, more than 54,000 Americans have become 'someone else'; 30,000 of them have died from a disease they didn't intend to catch.... The chance that AIDS may strike any one of us: a friend, classmate, fellow employee, or member of the family has suddenly become a startling reality." (From Classroom Connections, Classroom Connections, Inc., Merced, CA, 1988, p. 2.)

Divide the class into small groups. Assign half of the groups to Situation 1 and the other to Situation 2 with instructions to develop a response based on the students' personal values, beliefs, and current research. Materials on current research, such as pamphlets from the Health Department, magazines, newspaper articles, etc., should be made available for student use.

ACTIVITY 22 - OUTCOME 11 (continued)

Situation 1

Jane has been asked to tutor a student with AIDS. She is reluctant to take the assignment because she has been told that the AIDS virus can be contracted through casual contact, such as sitting next to someone with AIDS or by using a pencil or paper from a student infected by the AIDS virus. What should she do?

Situation 2

When he was a sophomore in high school, your best friend's brother required a blood transfusion following a serious automobile accident. Throughout recovery and extended therapy, the family was very close. After high school graduation, the friend's brother enrolled in college. For the last six months, his contacts with home have become infrequent. Last week, he came home and told his family that he has AIDS. You know that your friend loves her brother very much, but she is having trouble accepting the fact that he is a victim of AIDS. She is very uncomfortable about being around her brother now. She has trouble talking with him and with others about the situation. She has been avoiding you and her other friends. What can you do?

ACTIVITY 22 - OUTCOME 11 (continued)

Have students collect from newspapers, magazines, interviews (school and community), etc. statements which reflect various public attitudes towards AIDS and AIDS victims. Write these statements on posters (one statement per poster) for later display on an easel.

Conduct a brainstorming session to determine the beliefs of the class relative to the rights of victims of AIDS and others whose health may be threatened by this disease. List the beliefs on the chalkboard.

Use another brainstorming activity to prepare a list of things of value which might be threatened by AIDS and AIDS victims. In addition, place this list on the chalkboard.

Place the easel near the chalkboard and have the class examine, analyze, and debate each statement in light of the beliefs and values of the class.

Have students prepare individual plans (using 6" x 8" cards and the format below) for coping with public attitudes towards AIDS and AIDS victims. The examined beliefs, values, and statements should be of considerable assistance in the students' preparation of their individual plans.

PERSONAL PLAN FOR COPING WITH PUBLIC ATTITUDES TOWARD AIDS

STATEMENT/ACTIONS WHICH REFLECT PUBLIC ATTITUDES TOWARD AIDS	PERSONAL BELIEFS AND VALUES	STRATEGIES FOR COPING WITH STATEMENTS/ACTIONS
"Send them off."	Privilege of friendships	"But I can still be a friend to them; I can keep them from being lonely. After all, I won't get AIDS from telephone calls and casual visits."
"They deserve what they get."	Right to life	"I understand that you're concerned about supposed wrong-doing, but shouldn't everybody have access to treatment and to the best quality of life possible under the circumstances?"
Etc.	Etc.	Etc.

Allow time for students to share their own plans with the remainder of the class.

FACT/MISCONCEPTION LIST

AIDS has been transmitted by:

1. engaging in risky sexual behavior. (Fact)
2. donating blood. (Misconception)
3. engaging in unprotected sex. (Fact)
4. tutoring a student with AIDS. (Misconception)
5. having multiple sex partners. (Fact)
6. walking barefoot in the public park. (Misconception)
7. studying about the transmission of AIDS. (Misconception)
8. engaging in IV drug abusing behaviors. (Fact)
9. receiving blood from an infected person (usually a blood transfusion). (Fact)
10. having a sex partner who has multiple partners. (Fact)
11. using a friend's hairbrush. (Misconception)
12. sitting next to someone with AIDS. (Misconception)
13. borrowing money from an AIDS patient. (Misconception)
14. an infected mother during pregnancy. (Fact)
15. semen during sexual contact. (Fact)
16. being served restaurant food prepared by an AIDS-infected person. (Misconception)

FACT/MISCONCEPTION LIST (Continued)

17. having sex with a prostitute. (Fact)

18. visiting in a hospital where there are AIDS patients. (Misconception)

19. dancing close together. (Misconception)

20. dry social kissing. (MIsconception)

21. taking the test for AIDS. (Misconception)

22. sharing needles with drug addicts. (Fact)

23. attending the funeral of a friend who died from AIDS. (Misconception)

24. shopping at a grocery store where an AIDS victim has shopped. (Misconception)

25. swimming in a pool. (Misconception)

26. hugging a person with AIDS. (Misconception)

27. normal, everyday contact with a brother or sister who is infected with the AIDS virus. (Misconception)

28. drinking from a public water fountain. (Misconception)

29. having pets that have been around the AIDS virus. (Misconception)

FACT/MISCONCEPTION LIST (Continued)

30. using the telephone after an AIDS-infected person has used it. (Misconception)

31. riding in a bus with someone who has AIDS. (Misconception)

32. having sex with a partner who abuses IV drugs. (Fact)

33. receiving blood or blood products before 1986. (Fact)

34. borrowing a pencil or paper from a student infected by the AIDS virus. (Misconception)

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY BODY

TOPIC: TEENAGE PROBLEMS

OUTCOME: 4. Discuss common health problems found among teenagers.

ACTIVITY 23 - OUTCOME 4

Following the outline below, discuss common teenage health problems, such as dandruff, acne, bad breath, voice changes, fatigue, warts, sun damage, body odor, and athlete's foot.

- What the problem is (a description)
- What causes it
- What is the cure (if any)
- What can prevent it

Conduct a classroom survey (using 3" x 5" cards as illustrated below) to determine how students handle these common health problems. Tell the students not to sign the cards. Provide a sufficient number of cards per student to take care of all problems being addressed.

STUDENT CARD(S) FOR SURVEY: HANDLING COMMON HEALTH PROBLEMS

Name of Health Problem	Description of How I Handle It	I Am Attempting to Cure	Prevent	Control

ACTIVITY 23 - OUTCOME 4 (continued)

Compile information from individual cards according to the following format, and discuss with the class the results of the survey.

COMPILATION FORM FOR CLASSROOM SURVEY

Method of Handling	Cure	Prevention	Control
Health Problem #1_____			
1.			
2.			
3.			
4.			
Health Problem #2_____			
1.			
2.			
3.			
4.			

In consideration of the prevalence of drug abuse and AIDS, circulate other cards for students to describe how they deal with invitations to participate in high-risk activities. Conclude the activity with a discussion of the strengths and weaknesses of their responses.

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY BODY

TOPIC: TEENAGE PROBLEMS

OUTCOMES: 20. Discuss common drugs and the harmful effects on the body's system when these drugs are used indiscriminately.

27. Critique usage of fraudulent health products and services.

ACTIVITY 24 - OUTCOMES 20 and 27

Materials:
- Chalkboard
- Bulletin board
- Magazine and newspaper clippings about testimonials, money-back guarantees, emotional claims, etc. related to health care

Ask students to examine a variety of common, over-the-counter drugs presently stored at home, and record the information about them according to the following format:

Intended Purpose (check one)

Name of Drug	Prevention	Cure	Treatment of Symptom	Warnings
1.				
2.				(Examples:
3.				"Causes drowsiness"
4.				"Do not drive when
5.				using" "Do not mix
6.				with other medicines."
7.				"Not for use by
				diabetics"

Using the same format, compile students' information on the chalkboard. Discuss the intended purpose of the drugs and the possible harmful effects if warnings are not heeded.

Next, using the chalkboard, list and discuss ways both prescription and over-the-counter drugs may be abused (taken in excess, taken too frequently, taken for the wrong purpose, etc.). In addition, point out that more severe problems may result from abusing prescription drugs because of their greater potency and more serious side effects than from abusing over-the-counter drugs. Examples of such prescription drugs include Valium, Demorol, etc.

Invite a resource person (pharmacist, doctor, etc.) to discuss the harmful effects of the indiscriminate use of drugs with special attention given to the abuse of prescription drugs and to the consumption of alcohol when taking barbiturates and stimulants.

Since street drugs are in such common use, discuss the following:

- harmful effects of street drugs on the body
- other health-related dangers associated with the use of street drugs
  - -- Unsanitary conditions and transfer of disease (AIDS, etc.)
  - -- Accidents (driving, using machinery, etc.) while under the influence
  - -- Violent behavior while under the influence
  - -- Other misdemeanors, crimes, etc. committed while under the influence

Point out that in addition to being harmed by the indiscriminate use of drugs, persons may be victimized by fraudulent health products and services.

Ask students to prepare a bulletin board display with examples (clippings, statements, etc.) of how testimonials, superstitions, emotions, offers of free service, and money-back guarantees are used to promote health products and services. Discuss how these might be fraudulent.

TOPIC: TEENAGE PROBLEMS

OUTCOME: 21. Discuss and understand the physical and psychological effects of various types of substances (drugs and alcohol) on human beings.

ACTIVITY 25 - OUTCOME 21

Materials: • Student Handout - DRUGS, LAWS, AND PENALTIES QUIZ (p. 92-93)
• Listing of the Community Alliance Network Regions (p. 218)

Explain to students that some of the adverse psychological effects of alcohol and/or drug abuse occur because abusers of drugs often violate laws and, consequently, must pay penalties. Explain further that many young people who are convicted of violating laws suffer psychological consequences.

Ask students what some of those consequences are. Discussion may include some of the following:

- humiliation from being taken to the police station
- disappointment related to being incarcerated and unable to see friends
- pressure of having to earn money to pay a fine or to pay restitution to a victim
- social inconvenience of having driver's license taken away

Ask students to share any stories of persons (not by name) they know who have paid penalties for breaking drug-related laws.

Tell students that the laws and penalties related to drug abuse are complex. Explain that a person from the Community Alliance Network will speak to the class about those laws and penalties on a specified date. (For contact person, see information in the listing of the Community Alliance Network Regions.) Explain that, in preparation for that visit, students are to answer the questions found in the DRUGS, LAWS, AND PENALTIES QUIZ.

Distribute the DRUG, LAWS, AND PENALTIES QUIZ, and have students answer the questions. Students may correct their own papers and may discuss with each other why they believe their answers are correct. Collect papers and

ACTIVITY 25 - OUTCOME 21 (continued)

explain that the invited person from the Community Alliance Network will review the quiz with the class, provide correct answers, and explain in detail the laws related to selected drug offenses. The key to the quiz is as follows:

Answer key to DRUGS, LAWS, AND PENALTIES QUIZ

1. E. All of the above
2. C. Both of the above
3. D. All of the above
4. A. What the company is selling
5. D. All of the above
6. D. All of the above
7. D. All of the above

NOTE: Invited speakers will need to be contacted well in advance. Contact persons from the Community Alliance Network can provide suggestions for speakers. Give the speaker a copy of the DRUGS, LAWS, AND PENALTIES QUIZ, and explain in detail what is expected of him/her during his/her lecture.

DRUGS, LAWS, AND PENALTIES QUIZ
Student Handout

1. If you are found at school with an illegal substance such as marijuana, crack, uppers, or barbiturates in your possession, you can be:

   A. Taken to the police station
   B. Incarcerated
   C. Prosecuted
   D. Fined
   E. All of the above
   F. None of the above

2. If you are under 21, it is against the law for you to:

   A. Purchase alcohol
   B. Drink alcohol
   C. Both of the above
   D. None of the above

3. If you are caught selling marijuana, cocaine, or any other illegal substance at school, you can be:

   A. Referred to juvenile court
   B. Suspended for the rest of the year
   C. Subjected to criminal penalties
   D. All of the above

4. An advertisement for alcohol on television tells you:

   A. What the company is selling
   B. That the product is illegal for consumption by minors
   C. That the product can harm the body
   D. All of the above
   E. None of the above

5. John is 16 and is driving while he is drunk. He hits another car and causes another person serious bodily injury. John could:

   A. Go to prison for 2-20 years
   B. Be fined
   C. Lose his driver's license
   D. All of the above

6. Jennifer is drunk at school. Jennifer can be:

   A. Suspended from school
   B. Arrested
   C. Fined by a judge
   D. All of the above
   E. None of the above

7. Marty is found with cocaine in his possession. Marty could be:

A. Sentenced by a judge to a juvenile detention center until he is 21
B. Fined by a judge
C. Suspended from school
D. All of the above
E. None of the above

ACTIVITY 26 - OUTCOME 21

Materials: • Pen and paper
• Current research materials

Secure a variety of drug-related resource materials. Explain to students that most drug-related resource materials provide charts that summarize drug-related information. Use copies of one chart to point out kinds of information frequently summarized, such as the following:

- classification of drugs
- brand names
- street names
- physical effects
- psychological effects
- methods of administration
- effects of overdose
- withdrawal symptoms
- medical uses

Divide the class into six groups. Assign one of the following types of drugs to each group:

- depressants
- narcotics
- stimulants
- inhalants
- hallucinogens
- cannabis (marijuana)

Instruct groups to use resource materials to identify the physical and psychological effects of the assigned drugs. Tell groups to summarize their findings on a poster similar to the following:

DRUG - NARCOTICS

Physical Effects	Psychological Effects
- drowsiness	- euphoria
- respiratory depression	- high potential for psychological dependency
- constricted pupils	
- nausea	
- slow and shallow breathing	
- clammy skin	
- possible convulsion, coma, death	
- high potential for physical dependency	

Have each group display its poster and explain the content. Discussion should emphasize the physical and psychological dangers of drug abuse. Discussion may also produce additional content that needs to be added to student posters.

ACTIVITY 27 - OUTCOME 21

Materials: • Pen and paper
• Current research materials

Some students become deaf to adult warnings about drugs. Students warning students, however, is a powerful instructional tool for conveying the dangers of drug use. Conduct a debate, which utilizes this tool, on the subject of the use of marijuana.

Prepare for the debate by dividing the class into two groups -- one for the use of marijuana and the other against its use. In preparing and presenting their arguments, students should give particular attention to the following:

- the attraction teenagers have to the physical and psychological effects of marijuana

- the harmful physical and psychological effects of marijuana

Students should be able to support any statement they make with documentation. Each group will select one student to make an initial statement of two or three minutes. After these initial statements, have the remainder of the class challenge the debaters. The winner may be determined by awarding points for logical and documented arguments.

TOPIC: TEENAGE PROBLEMS

OUTCOME: 22. Examine behavior characteristics at different stages of substance abuse.

ACTIVITY 28 - OUTCOME 22

Materials: • Student Handout - MATCH THE BEHAVIORS TO THE STAGES OF SUBSTANCE ABUSE (p. 99)
• Student Handout - ROAD TO CHEMICAL DEPENDENCY (p. 100)

Discuss the progressive nature of drug use, and then distribute the handout MATCH THE BEHAVIORS TO THE STAGES OF SUBSTANCE ABUSE. Allow students about five minutes to complete the exercise before checking and discussing their answers. Answers to the handout are as follows:

D 1. nonuse

FLM 2. experimental use

AKP 3. social use

J 4. situational use

ENO 5. intensified use

H 6. irresponsible use

CGI 7. compulsive use

Review the adverse physical and psychological effects of substance abuse (listed below), and ask students to relate them to the behaviors listed on the handout just used.

Adverse Physical and Psychological Effects of Substance Abuse

- loss of work
- involvement in crime
- financial problems
- broken homes
- abuse of family members
- health problems

Distribute the handout ROAD TO CHEMICAL DEPENDENCY. Point out to students that this handout illustrates the progressive nature of substance abuse as seen through the eyes of the young people who designed the handout.

ACTIVITY 28 - OUTCOME 22 (continued)

Discuss the forty-five points along the "Road to Chemical Dependency," and involve the students in categorizing these as illustrated below.

CAUSES PHYSICAL HARM (to self and/or others)	AFFECTS FAMILY RELATIONSHIPS	AFFECTS PEER RELATIONSHIPS	VIOLATES THE LAW
22	38	38	34
15	27	37	39
etc.	etc.	etc.	etc.

Conclude by asking students to think about where they are along the road to chemical dependency.

MATCH THE BEHAVIORS TO THE STAGES OF SUBSTANCE ABUSE
Student Handout

Match the comments on the right with the stages of substance abuse on the left. (Use all of the comments.)

_____	1. nonuse	A.	occasional use in a social setting
_____	2. experimental use	B.	cope with situations
_____	3. social use	C.	inability to do without the drug
_____	4. situational use	D.	teetotaler
_____	5. intensified use	E.	brink of dependence
_____	6. irresponsible use	F.	largest numbers of people
_____	7. compulsive use	G.	lost control
		H.	misuse or abuse substance
		I.	incapable of holding jobs
		J.	regular use to deal with specific problem
		K.	use is planned
		L.	curious about effects
		M.	first-time use
		N.	use with other drug
		O.	long-term use
		P.	share experience with friend

Turning Points Along The Road To Chemical Dependency

Start

1. Abstinence: I've never used

Exit

7. Abstinence: It's no big deal. I don't need it.

Chemical Use

2. Cup of coffee or tea in a.m., pop in p.m.
3. Taking a couple of aspirin for a headache
4. Following directions on a medical prescription
5. Having a glass of wine with dinner
6. Having a champagne toast at a celebration
8. Going to a party and having a couple of drinks to feel relaxed
9. Getting pretty drunk at a party and asking a friend to drive you home
10. Having a drink to enhance an already good time
11. Continued use

12. Can't wait for weekend parties
13. Changing your friends to a more "party group"
14. Talking friends into keeping the party going after everyone is already high
15. Getting drunk and hung over in the morning
16. Using to get high—not just relaxed
17. Drinking to get even with someone you are mad at
18. Acting like a fool at a party because you feel so good
19. Getting high and insisting you can drive
21. Close call: Abstinence—I'll never use again

Yield

20. Arrested for drunk driving: Go to drunk school, return to use

Caution Dangerous Curve

Chemical Abuse

23. Taking pills when you really don't know what they are
22. Car accident—DOA
24. Mixing drugs to get higher
25. Getting high, getting into an argument and ending up in a fight
26. Needing to use more to get high
27. Coming home late because you are too high to come home on time
28. Getting high to help you forget your problems
29. Using to deaden feelings of guilt or shame over what you did when you were high yesterday

Dead End

30. Thinking more and more about how, when, where, and what you will need to get high
31. Skipping school to get high
32. Doing favors for people so they will get you high
33. Experiencing blackouts
34. Stealing money to get high
35. Staying in your room and getting high alone, a lot
36. Promising to quit using but not being able to
37. Blaming everything on everyone else
38. Lying to your parents and friends to cover up your use

Chemical Dependency

39. Getting arrested for a drug-related crime—put on probation
40. Feeling isolated because family and friends are mad at your behavior
41. Feeling paranoid—afraid someone will find out
42. Not able to face your life without using
43. Come to school high—get taken to Detox; parents called in
44. Continue using regardless of consequences. Your life continues to deteriorate
47. Intervention/treatment—Return to use somewhere along the road
46. Intervention/treatment—Abstinence: I am dependent and I choose not to use
45. Continue using—Death due to accident, OD, suicide, or damage to health

Last Exit Possible

©1981 Minneapolis Public Schools Chemical Awareness Program

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY BODY

TOPIC: TEENAGE PROBLEMS

OUTCOMES: 23. Describe symptoms of withdrawal from illegal substances and/or the body's tolerance of these substances.

24. Discuss factors which influence blood alcohol levels, and review the physical and psychological changes that occur as blood alcohol content percentages rise.

ACTIVITY 29 - OUTCOMES 23 and 24

Materials:
- Transparencies
- Overhead projector
- Chalkboard

Display the following information on posters, on the chalkboard, or on transparencies, and discuss with the students.

SIX FACTORS THAT DETERMINE THE EFFECTS OF A DRUG/ALCOHOL

FACTORS	QUALIFIERS
dosage	- the amount of the drug taken - the person's body size - the person's body chemistry - the person's sensitiveness to the drug
potency	- the strength of the drug - the amount consumed within a certain period of time - the effects of stress, fatigue, or other materials already in the body (food, medications, alcohol)
solubility	- the ability to dissolve in water or fat
- water-soluble substances --cannot dissolve into cell walls --are eliminated more quickly	- fat-soluble substances --are mostly psychoactive (exception: alcohol). --stay in the body longer.

ACTIVITY 29 - OUTCOMES 23 and 24 (continued)

system or organ affected	- the changes in bladder function - the changes in heart function
mind set	- the person's expectations about what the drug will do (attitude)
setting	- the social setting in which the drug is taken

Write the following examples on the chalkboard or on tra sparencies:

Examples

John	Kay
-weighs 200 pounds	-weighs 110 pounds
-drinks only occasionally	-has never drunk alcohol before
-had 3 mixed drinks at a party (each drink: 1 ounce whiskey plus cola)	-had 2 beers in less than 30 minutes.
-drank the 3 drinks within 60 minutes.	-did not eat before drinking
-did not eat before drinking	-felt pressured to prove she's part of the group
-felt relaxed, no pressure	

Ask the questions below about John and Kay. Have students give reasons for their answers.

Who has had the most to drink?

Who will be the most affected by the alcohol?
The least affected? Why?

Review the six factors that determine the effects of drugs on the body, and discuss the body's tolerance of various substances.

ACTIVITY 30 - OUTCOME 23

Materials:
- Resource materials related to drugs and withdrawal symptoms
- Large sheet of poster board
- Felt tip markers

Before studying withdrawal symptoms, review the physical and psychological effects of substances discussed in a previous activity. Mount the sheet of poster board on the wall or on a large bulletin board, and, using a different color of marker for each drug, list vertically the following on the left side of the sheet:

- Narcotics
- Hypnosedatives
- Stimulants
- Hallucinogens
- Cannabis (marijuana)
- Alcohol

Direct students to research resource materials for withdrawal symptoms and to write them opposite the appropriate drug category by using the color of marker that matches the drug. When completed, the chart should be similar to the one below.

WITHDRAWAL SYMPTOMS

ILLEGAL DRUG	WITHDRAWAL SYMPTOMS	
Narcotics	- watery eyes - runny nose - yawning - loss of appetite - irritability - panic - cramps	- slow shallow breathing - clammy skin - convulsions - coma - tremors - chills and sweating - nausea
Hypnosedatives	- anxiety - insomnia - tremors - delirium - convulsions	- shallow respiration - cold and clammy skin - weak rapid pulse - dilated pupils - coma - possible death
Stimulants	- apathy - long periods of sleep - irritability - depression - disorientation	- agitation - increase in body temperature - hallucinations - convulsions
Hallucinogens	- longer, more intense episodes - psychosis - possible death	
Cannabis (Marijuana)	- fatigue - hyperactivity	- insomnia - decreased appetite - paranoia

ACTIVITY 30 - OUTCOME 23 (continued)

WITHDRAWAL SYMPTOMS

ILLEGAL DRUG	WITHDRAWAL SYMPTOMS	
Alcohol (Legal or illegal depending upon age)	- hangover - weakness - nervousness - vomiting	- increased heartbeat - lack of concentration - nausea

Conclude the activity by asking the students to name some specific substances which belong to the categories on the chart.

Examples

Narcotics - heroin, codeine
Alcohol - whiskey, beer, wine

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY BODY

TOPIC: TEENAGE PROBLEMS

OUTCOME: 25. Discuss the harmful effects of tobacco usage (smoking and smokeless tobacco) on personal health/life and the health of others.

ACTIVITY 31 - OUTCOME 25

Materials:
- Chalkboard
- Student Handout - DANGERS OF SMOKING (p. 108)

Lead a discussion on the harmful effects of the use of tobacco (smoking and smokeless), giving special attention to the damage done to the cardiovascular system, the pulmonary system, the oral cavity, and the unborn child. Point out to the students that many of the effects go unnoticed for a long time. Warn them that the old adage, "What You Don't Know Won't Hurt You," is not true for tobacco users; instead, "What You Don't Know Can Hurt You."

Ask the students to consider why teenagers smoke. Develop two columns on the board. Label one column "Reasons for Not Smoking." Label the other column "Reasons for Smoking." Record responses in the student's own words. Ask the students to analyze the statements and to decide which reasons are valid ones.

Ask for volunteers to role-play the following situations. The person handling the situation is to respond in such a way as to show concern over the dangers of smoking.

A. Several friends have come to your house to complete a school project. You do not smoke, and your parents do not approve of smoking within the house. A friend lights up a cigarette. How would you handle the situation?

B. At work, the break area is very small. You are on your lunch break when a fellow worker sits next to you and lights up a cigarette. How would you ask him to put out his cigarette?

C. You are on a date. You are parked overlooking a lovely lake, and your date lights up a cigarette. How would you handle the situation?

Immediately after each situation is role-played, ask the students involved to explain how they felt during their roles.

ACTIVITY 31 - OUTCOME 25 (continued)

Ask the viewing students to respond to the skits. Ask questions such as the following:

Did the nonsmoker use good strategy?
What other strategies could have been used?

State that some smokers defend their right to smoke anywhere at anytime by claiming that they have the right to smoke just as nonsmokers have the right not to smoke. Ask students if they think that smoking is a right or a privilege. Have several students respond and give reasons for their answers.

Discuss the information on the student handout DANGERS OF SMOKING, and, in the process, remind them of another danger -- the bad example set by the smoker.

Have students use their creative abilities in pointing out the dangers of tobacco use through cartoons, skits, poems, drawings, jokes, collages, etc.

Examples

- Poem

The Cigarette Says
I'm really caught in a jam.
To be somewhere else, I'd druther,
Than to be stuck like I am --
A fire on one end and a fool on the other.

- Skit

Place tobacco on trial, and call the ghosts (in white sheets) of persons who died from its use to testify.

- Collage

Make a collage out of the Surgeon General's warnings, clipped from numerous magazines.

- Drawing

Make a drawing of a hideous person-eating tobacco monster.

- Joke

First Person: "Will a person go to hell if he smokes?"
Second Person: "I don't know, but he'll sure smell like he's been there!"

ACTIVITY 31 - OUTCOME 25 (continued)

- Cartoon

  Draw a little house with one of the three little pigs at the window being threatened by the big, bad wolf who has a large cigarette dangling from his mouth. The wolf is saying, "I'll huff and puff and burn your house down!"

- Epitaph

  "He slipped away
  To another world
  In a puff of smoke."

DANGERS OF SMOKING
Student Handout

Nicotine is a powerful stimulant that increases heart rate and respiration, constriction of blood vessels, and blood pressure. Habitual nicotine use can inflict serious damage on the heart and the circulatory system.

Symptoms of nicotine use are dizziness, lightheadedness, rapid pulse, clammy skin, nausea, vomiting, and diarrhea. These symptoms cease as soon as tolerance to nicotine develops.

Withdrawal is characterized by headaches, nausea, vomiting, diarrhea, and extreme irritability.

Nearly 18 percent of all deaths in the United States are related to smoking. Cigarette smokers have a 60 percent chance of premature death over nonsmokers. Smoking is associated with the following leading causes of death in the United States:

- cerebrovascular disease
- cancer of oral cavity, esophagus, pancreas, larynx, lung, kidney, and bladder

Second-hand Smoke

Children of smokers have a 70 percent chance of being hospitalized for respiratory conditions. Wives of men who smoke have a great chance of developing lung cancer and other serious diseases.

Damages run into millions every year from fires started by careless smokers.

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY BODY

TOPIC: TEENAGE PROBLEMS

OUTCOME: 58. Implement a personal decision-making strategy to cope with substance abuse.

ACTIVITY 32 - OUTCOME 58

Materials: • Chalkboard

Ask students to identify feelings/beliefs, values, and personal characteristics that they think are important. Write their comments on the board by placing them under one of the following headings:

- feelings/beliefs
- values you hold (review the definition of values)
- characteristics you admire/dislike

Ask students to study and to discuss the three lists and then to note the similarities.

Discuss how beliefs and values can determine a person's attitude/behavior and can influence his/her decisions.

Review the following five-step problem-solving strategy with the students:

1. What is the problem?
2. What are the important facts?
3. What are the possible solutions?
4. What are the responsible solutions? Why?
5. What is the best solution?

For practice in problem-solving, present the following situation:

SITUATION

Diane is attending a party at the house of a friend, whose parents are out of town. Almost everyone is talking, joking, and drinking beer and whiskey. David and Sandy pick up Roger and Tammy in David's car on the way to the party. David is drinking one beer after another. Sandy is concerned about David's ability to drive home since she sees signs that he is not sober enough to drive. Sandy takes Tammy aside and explains her concern. She relates an earlier incident when David had too much to drink, weaved over the center line, ran a red light, and continuously applied the brakes. Tammy refuses to get involved and appeals to Diane for assistance.

Ask each students to place himself/herself in Diane's place and to respond to the questions from the problem-solving strategy.

ACTIVITY 32 - OUTCOME 58 (continued)

1. What is the problem?
2. What are the important facts?
3. What are the possible solutions?
4. What are the responsible solutions? Why?
5. What is the best solution?

Compile the students' responses on the chalkboard, and discuss the merits of the responses.

Next, ask the students to describe the feelings, beliefs, values, attitudes, etc., which guided their attempts to help in the situation named above. Point out that the whole process of identifying the problem, deciding on important facts, and determining solutions is influenced by beliefs, feelings, attitudes, etc. relative to what is important, what is responsible, etc. Suggest that the following questions would be helpful in determining whether or not a proposed solution is responsible.

1. Is the decision lawful?
2. Is the decision consistent with all the facts?
3. Does the decision promote health and safety in myself and others, and therefore, allow me to account for my actions?

Use other situations (written by students) to give additional experience with decision-making strategies for coping with substance abuse.

Then, direct each student to design his/her own overall plan for dealing with personal situations related to substance use and for assisting others in similar situations.

Example

Step One: Examine my personal feelings, beliefs, values, and attitudes relative to the situation (problem).

Step Two: Based on the above factors, make decisions about my involvement.

a. If a personal problem, what improvements, changes, etc. do I want to make in myself?

b. If someone else's problem, do I get involved? If so, why? How?

Step Three: Apply the problem-solving strategy.

1. What is the problem?
2. What are the important facts?
3. What are the possible solutions?
4. What are the responsible solutions? Why?
5. What is the best solution?

Direct students to use their plans in real-life situations for a given period of time. Then, ask the students to examine the successes/failures and to make appropriate changes as necessary.

TOPIC: TEENAGE PROBLEMS

OUTCOME: 48. Discuss sources, methods, and procedures for drug rehabilitation and treatment.

ACTIVITY 33 - OUTCOME 48

Materials: • Chalkboard

Have students telephone, write, or interview persons from the organizations listed below for information on services provided, procedures for acquiring assistance, and methods of treatment in drug rehabilitation programs.

- Regional Mental Health Center
- Public Health Department (county level)
- Alcoholics Anonymous (local, if available)
- Alateen
- Al Anon
- A church counseling program
- A school's counseling program

Ask students to report and discuss their findings.

Invite a resource person from a private clinic to meet with the class as a public relations effort to acquaint the students with procedures and programs of rehabilitation centers.

If possible, invite a friend, relative, or community member who has successfully undergone rehabilitation to speak to the class. In addition, invite a person (if available) who has "quit" using drugs without help from some organization to discuss his/her success.

Conclude the activity by compiling (on the chalkboard) information from all the sources as illustrated below.

ACTIVITY 33 - OUTCOME 48 (continued)

TREATMENT AND REHABILITATION

Substance Abused	Source of Treatment	Procedure for Receiving Treatment	Method of Treatment
Alcohol	Rehabilitation Clinic	Doctor's referral	Detoxification, individual counseling and monitoring
Tobacco	Self-help	Read in a magazine about "how to quit"	Personal will power, nicotine chewing gum
Drugs			
etc.			

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY BODY

TOPIC: TEENAGE PROBLEMS

OUTCOME: 2. **Discuss how parental health habits affect health before conception, during pregnancy, and during infancy.**

3. **Discuss pregnancy and the process of childbirth:**
   - **normal stages of development**
   - **associated risks and complications**

ACTIVITY 34 - OUTCOME 2

Materials:
- Student Handout - BACKGROUND INFORMATION: TEENAGE PREGNANCY (p. 113-114)
- Additional information from textbooks or other resources

Discuss the role of health habits before conception and during pregnancy, childbirth, and infancy. Assist students in identifying good parental habits, and discuss the particular values of each.

Use the chalkboard and the following format to list bad parental health habits and to explain their negative effects.

BAD PARENTAL HEALTH HABITS	NEGATIVE EFFECTS ON MOTHER AND/OR CHILD			
	BEFORE CONCEPTION	DURING PREGNANCY	DURING CHILDBIRTH	DURING INFANCY

Expand the discussion by using the student handout BACKGROUND INFORMATION: TEENAGE PREGNANCY. Discuss the problems associated with teenage girls having babies.

BACKGROUND INFORMATION: TEENAGE PREGNANCY
Student Handout

More than 600,000 teenage girls in the United States have babies each year.

1. Risks associated with teenage pregnancy:

   - Some babies have low birth weight caused by inadequate nutrition (wrong foods or not enough food) practiced by the mother during pregnancy.
   - Some mothers receive inadequate prenatal care.
   - Babies of teenagers are twice as likely to die in the first year of life.
   - Younger mothers have greater risk of dying of complications.

2. Other problems associated with teenage pregnancy:

   - Some mothers drop out of school.
   - Social/emotional reasons make it difficult for some mothers to stay in school.
   - Some mothers find it difficult to find jobs.
   - Some mothers and babies are dependent on families or welfare.

3. Risks associated with the use of alcohol, tobacco, and drugs during pregnancy: (Everything that enters a pregnant woman's body also enters the body of her baby.)

   - Alcohol: The use of alcohol results in concentrated levels of alcohol in the baby's body.
     (The baby's liver is not mature; therefore, the alcohol level in the baby's brain and liver can be ten times higher than in the mother's brain and liver. This high level can cause extensive damage to the baby. FAS [Fetal Alcohol Syndrome] causes cleft palates, hip dislocations, nostrum deformities, and even mental retardation.)

   - Tobacco: Mothers who smoke--
     have twice as many miscarriages;
     are twice as likely to have stillborn babies;
     have smaller babies who have a 30% greater risk of dying;
     have babies who, in the first years of their lives, have more respiratory illnesses, especially ear infections, pneumonia, and bronchitis.

   - Drugs: The use of drugs can result in severe birth defects. The use of common substances, such as caffeine, aspirin, etc., have also caused birth defects. The mixing of drugs may have severe consequences (e.g., coma and death may result from ingesting alcohol and valium at the same time).

4. Demands of pregnancy on a woman's body:

   - The growing baby places strain on the major organs in the mother's body.
   - Some pregnant women suffer from morning sickness.
   - Some pregnant women develop varicose veins.
   - Some pregnant women develop hemorrhoids.

ACTIVITY 35 - OUTCOME 3

Obtain information from the county health department, a local hospital, or a doctor's office about the following:

- pregnancy
- development of the fetus
- risks and complications of pregnancy (See Student Handout BACKGROUND INFORMATION: TEENAGE PREGNANCY, Activity 34, pp. 113-114.)

birth

Using the information obtained, discuss these topics, and instruct students to develop a list of questions in preparation for a visit to the class by a resource person.

Invite a resource person (doctor or nurse) to talk with the class about the normal stages of pregnancy and fetal development plus the risks and complications associated with pregnancy. Include enough time for students to ask questions.

TOPIC: TEENAGE PROBLEMS

OUTCOME: 52. Review defense mechanisms and the value of certain ones over others.

ACTIVITY 36 - OUTCOME 52

Materials: • Student Handout - APPRAISAL OF DEFENSE MECHANISMS (p. 118)

Ask students to describe some situations about which they have had two or more feelings; for example, moving to another town because of a new job for a previously unemployed parent. (The student was happy over the family's income, but was very anxious about making new friends and adjusting to a different school.)

Explain to the students that these conflicting feelings are common and normal because no one has a totally consistent set of behaviors for all situations. Tell how "defense mechanisms" are used as ways of coping with the emotional conflict. The term "defense mechanism" is defined as "an unconscious emotional reaction that helps a person cope with stress." Defense mechanisms are used to compensate for an environmental lack, to overcome insecurity, to defend one's pride, to shift blame from oneself, to retreat from a problem "with honor," and to "save face" in spite of a nagging conscience, or to justify one's actions in some way. The object of the use of defense mechanisms is the prevention of inner conflict and the establishment of inner peace. Be sure that students understand that good emotional health is the development of the ability to cope with everyday problems and that some use of defense mechanisms can be essential to good emotional health.

Review with the students the definitions for the following defense mechanisms:

Denial - refusing to accept reality
Displacement - venting feelings on something or someone not responsible for the feelings
Escape - running away from problems by fantasizing, reading, watching movies, or sleeping
Identification - trying to be like someone else
Projection - shifting one's own attitudes and desires to someone else
Rationalization - providing a false reason for the act
Regression - reverting to immature behavior
Repression - pretending, unconsciously, that something never happened
Sublimation - transforming unacceptable acts into acceptable ones

ACTIVITY 36 - OUTCOME 52 (continued)

Have students select and investigate a defense mechanism. Allow them to work independently or in small groups. Tell students to plan to demonstrate how this selected behavior is used as a coping strategy. Encourage students to use a variety of techniques for their presentations, such as cartoons, posters, video tapes, or skits. Assign a time for class presentations to be made.

After the presentation, have the students discuss the fact that defense mechanisms are good at times and bad at other times, depending on how and to what extent they are used; however, some, such as regression and denial, are nearly always bad. Tell them to think of the use of a defense mechanism as a departure from normal behavior. Such a departure is usually short and poses little difficulty; however, a prolonged use of a defense mechanism may lead further and further from normal behavior and may result in mental illness.

Distribute the handout APPRAISAL OF DEFENSE MECHANISMS, and discuss in detail each of the defense mechanisms. Ask students to rate each one either usually good, good at times/bad at times, or usually bad. (Appropriate ratings are listed below for the teacher.)

APPRAISAL OF DEFENSE MECHANISMS

Defense Mechanism	Usually Good	Good at Times/Bad at Times	Usually Bad
Denial			X
Displacement		X	
Escape			X
Identification		X	
Projection			X
Rationalization		X	
Regression			X
Repression		X	
Sublimation	X		

Taken from James H. Otto, Modern Health, Holt, Rinehart and Winston, Inc., 1971.

Restate that the danger point in using defense mechanisms occurs when defenses become a person's only way of dealing with reality; for example, rationalizing about all of life's problems.

APPRAISAL OF DEFENSE MECHANISMS
Student Handout

APPRAISAL OF DEFENSE MECHANISMS

Defense Mechanism	Usually Good	Good at Times/Bad at Times	Usually Bad
Denial			
Displacement			
Escape			
Identification			
Projection			
Rationalization			
Regression			
Repression			
Sublimation			

Taken from James H. Otto, Modern Health, Holt, Rinehart and Winston, Inc., 1971.

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY BODY

TOPIC: TEENAGE PROBLEMS

OUTCOME: 12. Discuss the various causes of specific mental illnesses.

ACTIVITY 37 - OUTCOME 12

Materials: • Chalkboard (Format: "Mental Conditions" - p. 120)

Divide the class into three groups. Give Group One the terms, "phobias" and "compulsions." Give Group Two the terms, "hypochondria" and "hysteria." Give Group Three the terms, "paranoia," "schizophrenia," and "manic-depression." Ask individual members of each group to define the mental conditions associated with the terms assigned to their group.

Then, ask the members of each group to interview the school guidance counselor, a psychologist, psychiatrist, or physician for an explanation of each of the assigned mental conditions. Instruct the students to include the following guidelines in their interviews:

-definition of the mental condition
-possible causes (heredity, personal response to environmental factors, diseases, shock, accidents, other)
-symptoms
-treatment
-possible preventive strategies

Tell the students to keep notes on each interview or, if the interview is taped, to bring the tape to class. (Written permission to allow the tape, or a portion of it, to be played in class should be acquired from the person interviewed.)

Following the interviews, ask students in each group to use the guidelines (definition of the mental condition, possible causes, symptoms, treatment, possible preventive strategies) in discussing the interviews which they have conducted. Ask each group to arrive at a consensus in regard to the most appropriate definition of the mental condition, possible causes, symptoms, treatment, and possible preventive strategies.

In order to present to the entire class a comprehensive view of all disorders studied, have group representatives record their findings on the chalkboard according to the following format:

MENTAL CONDITIONS
Teacher's Copy for Chalkboard

DISORDERS	DEFINITION	POSSIBLE CAUSES	SYMPTOMS	TREATMENT	POSSIBLE PREVENTIVE STRATEGIES
Phobias					
Compulsions					
Hypochondria					
Hysteria					
Paranoia					
Schizophrenia					
Manic-depression					

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY RELATIONSHIPS

TOPIC: PERSONAL RELATIONSHIPS

OUTCOME: 53. Analyze the relationship between human relations and communication.

ACTIVITY 38 - OUTCOME 53

Materials: • Student Handout - GUIDELINES FOR EFFECTIVE COMMUNICATION (p. 123)

Give each student a copy of the handout GUIDELINES FOR EFFECTIVE COMMUNICATION. Review each of the guidelines by analyzing with the students the more complex issues of communications and human relations found in each of the guidelines. Eight issues that might be included in the discussion of each statement are as follows:

1. Basic factors influencing communication and personal relationships
   - Be aware that messages are communicated through nonverbal signals as well as through verbal means.
   - Observe how others react to messages we send.
   - Review frequently what's going on to assure that there is a clear understanding.
   - Focus on a complementary rather than a competitive relationship.
2. The meeting of interpersonal needs
   - Increase personal development through gaining social approval by being open and genuine.
   - Enhance personal growth by sharing experiences with others, thereby gaining self-esteem.
   - Clarify relationships that may be taken for granted.
   - Achieve mutual satisfaction by clarifying and expressing differences.
3. Accurate picture of others
   - Avoid use of preconceived ideas of other people.
   - Watch for visual expressions and slight changes in posture and eye contact.
4. Personal orientation toward others
   - Determine personal needs for receiving attention.
   - Show attention and affection toward others in order to receive attention and affection.
5. Other person's meaning
   - Pay special attention to nonverbal cues.
   - Listen for words and meanings as they relate to behavior.
   - Work at listening; relationships don't just happen.
6. Proper conditions for communicating
   - Be aware of how a message is perceived by other people.
   - Try to take advantage of situations and conditions that are favorable to communication.

ACTIVITY 38 - OUTCOME 53 (continued)

7. The overcoming of barriers
   - Increase trust of other persons and build self-esteem by being willing to expose personal thoughts and ideas and, then, to listen to others' responses to them.
   - Describe situations rather than evaluate them.
   - Discuss the problems instead of attempts to control people.
   - Be open and spontaneous rather than controlling or manipulative.
   - Show empathy rather than rigidity or neutrality.
   - Express viewpoints rather than absolute certainties.
8. Establishment of positive interpersonal relationships
   - Establish empathy by trying to sense the other person's view of the world as if it were your own.
   - Demonstrate caring about the person as a human being even though there may be behaviors that someone doesn't like.
   - Establish genuineness by being open, frank, and sincere at all times.

Ask students to elaborate on each of the items on the handout by explaining what they think about each of the items being discussed. Students should be able to give examples of each of the eight items on the handout.

GUIDELINES FOR EFFECTIVE COMMUNICATION
Student Handout

1. Know how basic factors influence communication and personal relationships.
2. Try to meet interpersonal needs through communication.
3. Try to get an accurate picture of other people.
4. Try to understand your own personal orientation toward other people.
5. Try to find the other person's meaning when he/she is talking with you.
6. In order to have a good relationship with others, know the right conditions for communicating.
7. Strive to overcome barriers to interpersonal communication.
8. Try to help establish positive interpersonal relationships by showing accurate empathy, genuineness, and nonpossessive warmth toward other people.

Principle for interpersonal relations: Whatever or however you communicate with others, you also communicate unto yourself.

Adapted from Kim Griffin and Bobby R. Patton, Fundamentals of Interpersonal Communication, Harper and Row, New York, 1971.

ACTIVITY 39 - OUTCOME 53

Materials: • Student Handout - GETTING TO KNOW YOU (pp. 125-126)
• Student Handout - LISTENING TO EACH OTHER (pp. 127-128)

Explain to students that effective communication is composed of the following components:

- verbal expression
- nonverbal behavior
- active listening
- feedback
- reaction and/or evaluation

Explain further that communications skills can be learned by practicing them with other people. This activity provides students with an opportunity to analyze and practice some speaking and listening skills; furthermore, the opportunity for students to establish the beginning of an interpersonal relationship is also an integral part of the activity.

Assign each student a partner. Do not pair "best friends." The purpose of assigning partners is to give students an opportunity to get to know each other.

Give each student a copy of the handout GETTING TO KNOW YOU. Tell him/her to read and follow directions provided on the handout. After the handout has been completed, ask students to respond to their feelings about the process. Ask questions related to the enhancement of self-esteem and to the new knowledge gained from sharing information about each other.

Next, explain that active listening is also an important component of effective communication. Keep students in the same partnerships, and give each student a copy of the handout LISTENING TO EACH OTHER.

After the handout has been completed, ask students again to respond to the experiences of completing the exercise in the handout. Ask them to determine the differences in their reactions between sharing information about themselves and listening to information from other people.

To provide more opportunities to develop communications skills, it might be helpful to allow students to work with other partners.

GETTING TO KNOW YOU
Student Handout

Directions: Read silently. Do not look ahead to the next handout.

A theme that is frequently voiced when people are brought together for the first time is, "I'd like to get to know you better, but I don't know how." Getting to know another person involves a set of skills and attitudes which can be practiced and learned. The basic dimensions of effective communication with another person are self-disclosure, self-awareness, nonpossessive caring, risk-taking, trust, acceptance, and feedback. In an understanding, accepting atmosphere, a person will share important personal information with another person who is also self-disclosing. This "stretching" results in a greater feeling of trust, understanding, and acceptance; furthermore, the relationship becomes closer, allowing more significant self-disclosure and greater risk-taking. As two people share their experience authentically, they come to know and trust each other in ways that may enable them to be highly resourceful to each other. This experience is designed to help people get to know each other on a closer level. Each item is an open-ended statement, and it can be completed at whatever level of self-disclosure one wishes.

The following guidelines should govern this experience:

- All of the information discussed should be kept strictly confidential.
- Don't look ahead on the handouts.
- Each partner responds to each statement before continuing. The statements are to be completed in the order in which they appear.
- Don't skip any items. You may decline to answer any questions asked by your partner.
- Stop the exercise when either partner is becoming obviously uncomfortable or anxious. Either partner can stop the exchange.

Look up. If your partner has finished reading, turn to the next page and begin.

GETTING TO KNOW YOU
Student Handout

1. "My name is..."
2. "My titles (roles in community, family, school, etc.) are..."
3. "My favorite color is..."
4. "My favorite kind of music is..."
5. "My hometown/neighborhood is..."
6. "My best class in school is..."
7. "What I like about school is..."
8. "If I had an extra $100 right now, I would..."
9. "The reason I'm here is..."
10. "What I don't like about school is..."
11. "After I graduate from high school, I plan to..."
12. "I wish..."
13. "Right now, I am feeling..."

LISTENING TO EACH OTHER
Student Handout

One of the most important skills in getting to know another person is listening. In order to get a check on your ability to understand what your partner is communicating, the two of you should go through the following steps one at a time.

Decide which of you is to speak first in this unit. The first speaker is to complete the following item in two or three sentences:

"When I think about the future, I see myself..."

The second speaker repeats in his or her own words what the first speaker has just said. The first speaker must be satisfied that he or she has been accurately heard.

The second speaker then completes the item in two or three sentences. The first speaker paraphrases what the second speaker just said to the satisfaction of the second speaker.

Share what you may have learned about yourself as a listener with your partner. The two of you may find yourselves later saying to each other, "What I hear you saying is..." to keep a check on the accuracy of your listening and understanding.

LISTENING TO EACH OTHER
Student Handout

1. "When I am in a new group, I..."

2. "When I enter a room full of people, I usually feel..."

3. "When I am feeling anxious in a new situation, I usually..."

4. "In groups I feel most comfortable when the leader..."

5. "Social expectations make me feel..."

6. "In ambiguous, unstructured situations, I..."

   Listening check: "What I hear you saying is..."

7. "I am happiest when..."

8. "The thing that turns me on the most is..."

9. "Right now, I'm feeling..."

   Look your partner in the eyes while you respond to this item.

ACTIVITY 40 - OUTCOME 53

Materials: • Student Handout - NONVERBAL COMMUNICATION BEHAVIORS (pp. 130-133)

Give each student a copy of the handout NONVERBAL COMMUNICATION BEHAVIORS. Divide the class into small groups or pairs of students. Give the groups a short period of time to develop a presentation that will demonstrate the behaviors listed on the handout. After each presentation, discuss the nonverbal behaviors, and analyze the relationship between them and effective communication. Ask students to explain their reactions to various nonverbal behaviors.

NONVERBAL COMMUNICATION BEHAVIORS
Student Handout

I. NONVERBAL COMMUNICATION BEHAVIORS USING TIME

Recognition

Promptness or delay in recognizing the presence of another, or in responding to his communication

Priorities

Amount of time one is willing to spend communicating with a person
Relative amounts of time spent on various topics

II. NONVERBAL COMMUNICATION BEHAVIORS USING THE BODY

Eye contact (important in regulating the relationship)

Looking at a specific object
Looking down
Steady to helper
Defiantly at helper ("hard" eyes), glaring
Shifting eyes from object to object
Looking at helper but looking away when looked at
Covering eyes with hand(s)
Frequency of looking at another

Eyes

Sparkling
Tears
Wide-eyed
Position of eyelids

Skin

Pallor
Perspiration
Blushing
Goose bumps

Posture (often indicative of physical alertness or tiredness)

Eager, as if ready for activity
Slouching, slovenly, tired looking, slumping
Arms crossed in front as if to protect self
Crossing legs
Sits facing the other person rather than sideways or away from

Hanging head, looking at floor, head down
Body positioned to exclude others from joining a group or couple

Facial expressions (primary site for the display of affects; thought by some researchers to be subject to involuntary responses)

No change
Wrinkled forehead (lines of worry), frown
Wrinkled nose
Smiling, laughing
"Sad" mouth
Biting lip

Hand and arm gestures

Symbolic hand and arm gestures
Literal hand and arm gestures to indicate size or shape
Demonstration of how something happened or how to do something

Signs of nervousness or restlessness

Drumming or thumping with fingers, tapping foot
Scratching
Fidgeting, squirming
Trembling
Nail biting
Playing with button, hair, or clothing
Cracking knuckles
Rubbing or stroking face

Nonverbal signals or commands

Snapping fingers
Holding finger to lips for silence
Pointing
Staring directly to indicate disapproval
Shrugging shoulders
Waving
Nodding in recognition
Winking
Nodding in agreement; shaking head in disagreement

Touching

To get attention, such as tapping on shoulder
Affectionate, tender
Sexual
Challenging, such as poking finger in chest
Symbols of camaraderie, such as slapping on back
Belittling, such as pat on top of head

III. NONVERBAL COMMUNICATION BEHAVIORS USING VOCAL MEDIA

Tone of voice

Flat, monotone, absence of feeling
Bright, vivid changes of inflection
Strong, confident, firm
Weak, hesitant, shaky
Broken, faltering

Rate of speech

Fast
Medium
Slow

Loudness of voice

Loud
Medium
Soft

Diction

Precise versus careless
Regional (colloquial) differences
Consistency of diction

IV. NONVERBAL COMMUNICATION BEHAVIORS USING THE ENVIRONMENT

Distance

Moves away when the other moves toward
Moves toward when the other moves away
Takes initiative in moving toward or away from
Distance widens gradually
Distance narrows gradually

Arrangement of the physical setting

Neat, ordered, organized
Untidy, haphazard, careless
Casual versus formal
Warm versus cold colors
Soft versus hard materials
Slick versus varied textures
Cheerful and lively versus dull and drab
"Discriminating" taste versus tawdry
Expensive or luxurious versus shabby or spartan

Clothing

Bold versus unobtrusive
Stylish versus nondescript
Often used to tell others what the wearer wants them to believe about him/her

Position in the room

One person protects or fortifies himself/herself in his/her position by getting objects such as a desk or table between him/her and the other person.

One person takes an open or vulnerable position such as in the center of the room, or side-by-side on a sofa or in a simple chairs with nothing between him/her and the other person.

One person takes an attacking or dominating position. He/she may block the exit from the area or may maneuver the other person into a boxed-in position.

Movement around a room, especially in the case of a teacher

Moving in and out of the other person's "territory"

One person stands when the other person sits, or gets position higher than the other person.

Taken from George M. Gazda, Human Relations Development, A Manual for Educators, Allyn and Bacon, Inc., Boston,, MA, 1973, pp. 90-93.

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY RELATIONSHIPS

TOPIC: PERSONAL RELATIONSHIPS

OUTCOME: 50. Develop social skills which can lead to a more meaningful life.

ACTIVITY 41 - OUTCOME 50

Materials:
- Poster board
- Chalkboard
- Marker

Place the following statement on a poster, and discuss with the class its meaning:

> Social well-being is concerned with our roles in society as a whole. For a society to function well, its members need to recognize the basic social skills that are valued by the culture in which they live. The development of social skills acceptable to the cultural system in which a person lives and functions can lead to a more meaningful life. (Taken from George M. Gazda, Human Relations Development, A Manual for Educators, Allyn and Bacon, Inc., Boston, MA, 1973)

With the previous discussion as a basis, ask the students to list on the chalkboard several positive social skills found in their cultural system. Double check their items to be sure that the following social skills are included:

- etiquette
  - -- the handling of table food
  - -- the meeting of people in a social setting
  - -- appropriate dress
- the learning of adult roles
- the development of the competence to make wise decisions
- the development of the ability to accept responsibility
- the development of emotional security
- the development of personal values and goals
- the recognition and acceptance of the balance needed between individual identity and worth and conformity to the cultural system
- the development of wholesome sexuality
  - -- wholesome expressions of sexuality
  - -- wholesome attitudes toward sex

ACTIVITY 41 - OUTCOME 50 (continued)

- the development of interpersonal relationships
  - -- friendship
  - -- love
  - -- dating
  - -- engagement
  - -- marriage

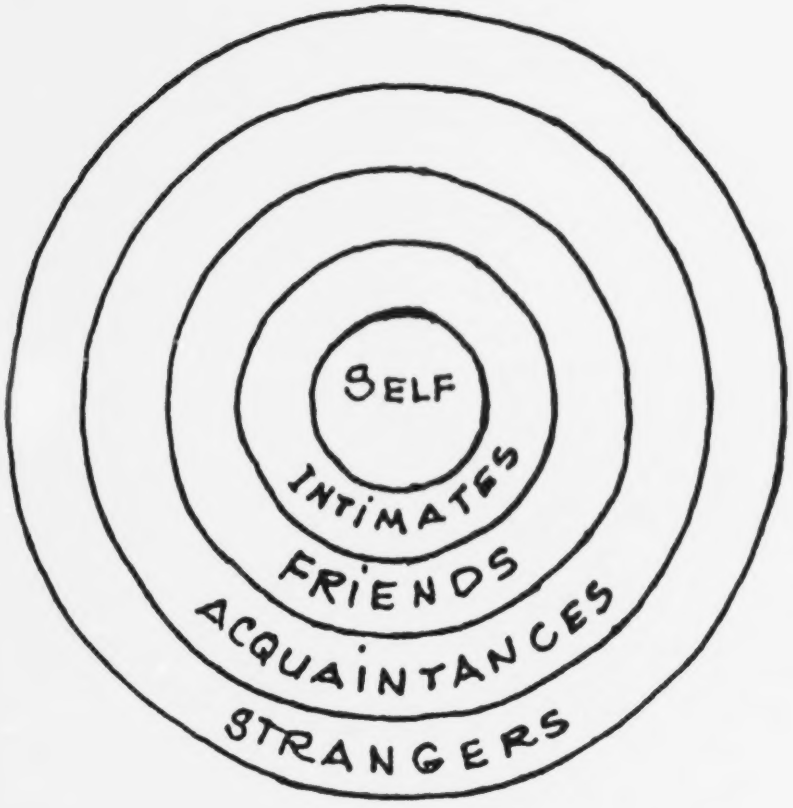
Then, re-read the "social well-being" statement on the poster, and ask the class to describe the listed items in relation to the statement, with particular emphasis on "the development of social skills acceptable to the cultural system in which a person lives and functions can lead to a more meaningful life."

ACTIVITY 42 - OUTCOME 50

Materials:
- Butcher paper
- Masking tape
- Marking pens
- Student Handout - INTERPERSONAL RELATIONSHIPS (p. 138)

Distribute the student handout INTERPERSONAL RELATIONSHIPS, and tell the students that the purpose of this activity is to learn about different levels of relationships and one's own feelings about these relationships. Then, on the butcher paper, draw and label the model as shown below and as found in the student handout INTERPERSONAL RELATIONSHIPS.

INTERPERSONAL RELATIONSHIPS



ACTIVITY 42 - OUTCOME 50 (continued)

Explain to the students that there are some things about our lives we would feel comfortable telling to anyone, even strangers; for example, our favorite movie, restaurant, etc. Other things we might feel comfortable sharing with acquaintances, colleagues at school, members of our church, etc.; for example, our address or telephone number. Still other things we reserve for our friends: feelings about political candidates, perhaps, or work problems. There are thoughts or feelings we have or things we have done which we would only want to share with intimate friends or family: a girlfriend/boyfriend or spouse; for example, a personal problem we're working through. Finally there are some thoughts, feelings, behavior which we would not want to share with anyone but ourselves.

Ask the students to write down two things (beliefs, feelings, or actions) about themselves for each circle. Tell them that they can use words or codes for their answers and that they will not be asked to share their answers.

Next, read to students a series of five-to-ten phrases (five examples follow), and ask them to write the "key word" of the phrase in the circle representing to whom they would be willing to reveal that information. Stress the fact that they do not need to respond to the phrases but that they need merely to identify the relationship in which they would feel comfortable sharing that information.

EXAMPLES OF "KEY WORD" PHRASES

1. The story of your first love (key word: "love")

2. Your discontent with some aspect of your body (key word: "body")

3. The major problem with your present friendship (key words: "friendship problem")

4. What you cried about the last time (key word: "cried")

5. Something you are really looking forward to (key word: "looking forward")

Ask the students silently to review their responses in the circles and then to write down two lists:

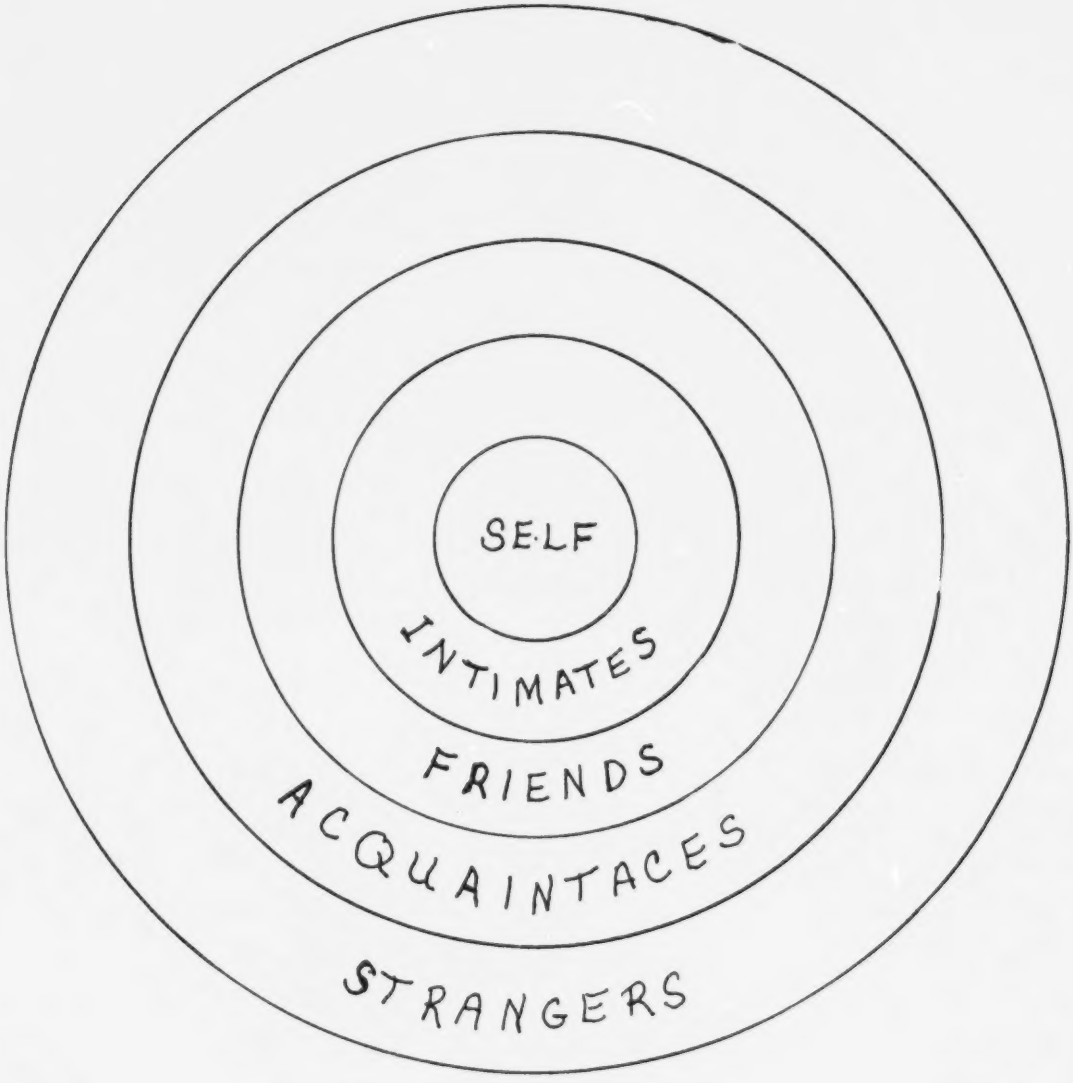
Qualities I Expect in a Friend: Qualities I Expect in an Intimate:

After several minutes, ask volunteers to name the qualities expected in a friend and in an intimate for a group list to be placed on the chalkboard.

Conclude this activity by asking students silently to compare their personal lists to the group list. Have them write (for themselves) an "I learned that I..." statement to summarize insights they have gained from this activity.

Activity taken from Ellen Wagman and Lynne Cooper, Family Life Education, Teacher Training Manual, Network Publications, Santa Cruz, CA, 1981, pp. 267-269.

INTERPERSONAL RELATIONSHIPS
Student Handout



Taken from Ellen Wagman and Lynne Cooper, Family Life Education, Teacher Training Manual, Network Publications, Santa Crug, CA, 1981, pp. 267-269

ACTIVITY 43 - OUTCOME 50

Materials: • 3" x 5" cards
• Chalkboard

Lead the class in a discussion on the development of wholesome sexuality. Include the following information in the discussion:

- definitions of "sex" and "sexuality"
  - -- "sex" - gender: maleness or femaleness or the way one physically expresses affectionate or erotic feelings
  - -- "sexuality" - the ways in which one's gender, male or female, is integrated into his/her personality; in other words, what it means to be a man or a woman in one's society: physically, emotionally, communicatively and through body, mind, and spirit
- wholesome expressions of sexuality
  - -- development of an appropriate perception of and responsibility for one's gender role resulting in wholesome values, attitudes, relationships, and actions
  - -- appropriate sex role behaviors in one's culture (Traditional examples of behaviors with which one may deal: economic role, dominance or submissiveness in social relationships, responsibilities for home and child care, mode of dress, personal appearance, and the mode of expression of emotions)
- wholesome attitudes toward sex
  - -- "Our knowledge about sex and our attitudes toward it influence - and are reflected in - the ways we express our sexuality."
  - -- "...sex can be a way of expressing intimacy and affection and can add an important and satisfying dimension to a relationship when shared in a responsible way."

(Taken from Marvin R. Levy, Mark Dignan, and Janet H. Shirreffs, Essentials of Life and Health, Fifth Edition, Random House, New York, 1988, pp. 149-168; Gordon Edlin and Eric Golanty, Health and Wellness: A Holistic Approach, Jones and Bartlett Publishers, Boston, 1988, pp. 411-431; and William M. Kane, Senior Consultant, Understanding Health, The Second Edition, Random House School Division, New York, 1987, pp. 166-173.)

Following the discussion, ask the students to list on 3" x 5" cards some of their attitudes toward sex. Tell the students not to put their name on the cards. Ask the students to place their completed cards face down on the

ACTIVITY 43 - OUTCOME 50 (continued)

desk. Collect the cards and compile a list from the responses on the cards. Put the list of expressed attitudes on the chalkboard. Discuss each one with the class by using the following criteria:

- strength of one's values and goals
- sense of responsibility for oneself and for the partner
- degree of commitment, as well as love, toward the partner
- recognition of one's needs and those of the partner (Perhaps, the real need is just to be with someone who cares and to be involved together in nonsexual activities both enjoy rather than a need for total sexual involvement.)
- awareness of the fact that sexual feelings are normal, not ugly or dirty or wrong, but that sexual feelings cannot always result in sexual experiences and that immediate sexual gratification is not the answer to all desires and needs
- recognition of and involvement in wholesome pursuits as expressions of sexuality rather than involvement in direct sexual contact, promiscuity, or pornography (Examples of wholesome pursuits as expressions of sexuality: physical fitness, sports, music, drama)
- acceptance of the fact that pressuring for sexual experiences when one of the partners is not ready for them can destroy a relationship

ACTIVITY 44 - OUTCOME 50

Materials:
- Student Handout - THE IMPORTANCE OF FRIENDSHIP (p. 146-147)
- Teacher's Copy - THE IMPORTANCE OF FRIENDSHIP (p. 148-150)
- Poster board
- Student Handout - LESSONS WE LEARN FROM DATING (p. 151)
- Student Handout - WRONG REASONS FOR SEXUAL INVOLVEMENT (p. 152)

Discuss with the students the necessity for wholesome interpersonal relationships in order to lead a more meaningful life. Include in this discussion the following interpersonal relationships:

- friendship
- love
- dating
- engagement
- marriage

Distribute the handout THE IMPORTANCE OF FRIENDSHIP, and ask each student to complete it without signing it. Collect all handouts. Separate them by section: "WHY HAVE FRIENDS?," "HOW TO KEEP FRIENDS," and "WHERE DO FRIENDS GO?" Then, distribute each section to each of three student groups that will prepare a presentation of its section for the entire class. Ask each group to give its presentation. Direct all students to take notes as each presentation is given.

Present to the students on a poster a definition of "love." The following is one example:

Love is an intense attraction or strong affection for another person, being, or thing. This relationship may be based on a number of factors, each of which reveals a different type of love. Some types of love are listed below:

- love based on familial or personal ties
- love based on regard or shared experiences or interests
- love based on sexual desire
- love based on emotional attachment (as for a pet or treasured object)
- love based on a strong enthusiasm (as for "a love of language" or "a love for the outdoors")
- love based on a devotion to God
- love based on the feeling of benevolence, kindness, or brotherhood toward others

(Taken from the The American Heritage Dictionary, Second College Edition, Houghton Mifflin Company, Boston, 1985, p. 744)

Then, ask the students to give examples of each type of love named in the definition above.

Instruct the students to write their own definition of "love." Ask for volunteers to read aloud their definitions. Recognize significant points made in these definitions. Allow time for dialogue among the students on the subject of love.

ACTIVITY 44 - OUTCOME 50 (continued)

Ask the students to define love further by completing and explaining the following statements:

(MODEL: - "Love is never having to say you're sorry.")

- Love enjoys _____.
- Love causes me to _____.
- Love works at _____.
- Love makes the _____.
- Love is not _____.
- Love will not _____.
- I love _____.
- Do you love _____?
- Love your _____.
- Love is the greatest _____.

Finally, direct each student to analyze ways love develops by writing a brief story that sequences events and feelings from acquaintanceship to love. Suggest the following sequence as one example of love based on regard or shared experiences or interests:

- being introduced
- getting acquainted
- participating in mutual interests and activities
- recognizing favorable traits in each other
- respecting each other's characteristics
- enjoying being with one another
- sharing ideas and problems
- supporting one another

Remind the students that each type of love will have different steps in its sequence.

Discuss dating as a means of enhancing social skills. Assist the students in identifying some of the influences (both positive and negative) the following have on dating.

- parents
- religion
- TV, movies, books, magazines
- friends (peers)
- a person's date

Ask students to discuss dating practices, patterns, problems, etc. with such persons as listed below for the purpose of (1) pointing out some of the valuable lessons learned from dating and (2) identifying some of the areas where limits on behavior should be placed while on a date.

- older adults
- younger adults
- peers
- persons from different cultural backgrounds
- etc.

ACTIVITY 44 - OUTCOME 50 (continued)

Distribute the handout LESSONS WE LEARN FROM DATING and ask students to compare with lessons discussed during interviews described above. Add to the listing on the handout as appropriate. Be sure to discuss limits on dating behavior related to alcohol, drugs, sex, etc. Share and discuss the handout WRONG REASONS FOR SEXUAL INVOLVEMENT.

Discuss setting standards for behavior while on a date, and ask students to prepare their own list of dating standards.

Ask the students to interview a marriage counselor and/or member of the clergy in regard to the significance of engagement and marriage. Suggest to the students they they add their own questions to the following:

- Why is an engagement period needed?
- What happened to you (if you have been engaged) during the engagement period that caused it to be a valuable experience?
- Does the engagement period ever end in the couple's decision not to marry? Is this good or bad?
- What factors are important to a successful marriage relationship?
- What are the risk factors in teenage marriages?
- What is the percentage of failures in teenage marriages? Are there reasons in addition to the risk factors in teenage marriages for failures of teenage marriages? etc.

Be certain that the students keep taped or written notes on their interviews.

Ask the students to divide into small groups, to choose a presenter and a recorder from the group, and to select the responses they wish to address.

Then, ask each group to present their findings as a result of the interviews.

Be certain that the following points have been covered along with the information provided by the interviews and the small-group student discussions:

<u>Value of an Engagement Period</u>

- getting to know one another in an in-depth manner
- learning and appreciating one another's differences
- being provided with the opportunity to make a final determination about the marriage: to proceed with marriage plans or to break off the engagement if this intensive period of

shared knowledge and feelings
indicates a wish to go no further
with the relationship
- making decisions about
  -- the wedding ceremony itself
  -- the "honeymoon" plans
  -- living arrangements
  -- fiscal matters
  -- family size: having or not having children
  -- relationship with in-laws
  -- career goals

Factors Important for Successful Marriage Relationships
- a strong sense of personal identity
- an ability to be mutually supportive and to leave room for oneself and one's partner to grow emotionally and intellectually
- a knowledge of how to give love and an understanding that love must be worked for and earned
- an accurate and realistic perception of one's spouse
- a willingness to loosen ties with one's original family
- a capacity to take criticism, to express and share emotions, and to argue fairly and effectively
- a commitment to work toward resolving differences and keeping lines of communication open
- an ability to play
- respect for and commitment to the other person
- the ability to resolve power struggles

(Taken from Marvin R. Levy, Mark Dignan, and Janet H. Shirreffs, Essentials of Life and Health, Fifth Edition, Random House, New York, 1988, pp. 198-199)
- sharing of responsibilities
- working budget, mutually agreed upon
- decision-making, including coping with problems
- family size (having or not having children; if so, number of children)
- appropriate sexual activity
- acceptance of likes and dislikes of partner

ACTIVITY 44 - OUTCOME 50 (continued)

Risk Factors in Teenage Marriages

- the fact of being a teenager with normal immaturity and lack of experience in decision-making and in the handling of money
- inability to secure an adequate job because of lack of education
- threat of disease
- failure to show love and attention to the spouse, including time spent together
- failure to allow each to grow
- presence of bad habits (examples: drinking of alcohol, use of drugs, gambling)
- forced marriage
- the absence of the factors important for successful marriage relationships (listed previously)

THE IMPORTANCE OF FRIENDSHIP
Student Handout

SECTION ONE: WHY HAVE FRIENDS?

1. Give three reasons for having friends.

_____

_____

_____

2. List four characteristics of a friend.

_____

_____

_____

_____

3. Name two skills that are needed to begin and to keep a good friendship.

_____

_____

_____

_____

SECTION TWO: HOW TO KEEP FRIENDS

4. Select two activities that will help you in making friends.

_____

_____

5. Think of one old friendship that you would like to renew. Describe briefly how you could renew it. _____

_____

_____

_____

6. Using the two activities that you named in #4, above, describe a plan to make a new friend. _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SECTION THREE: WHERE DO FRIENDS GO?

7. Why does a person need to keep old friends? _____

_____

_____

_____

8. Why does a person need to make new friends? _____

_____

_____

_____

_____

_____

_____

9. How can friendships help me to lead a more meaningful life?

_____

_____

_____

_____

THE IMPORTANCE OF FRIENDSHIP
Teacher's Copy

SECTION ONE: WHY HAVE FRIENDS?

1. Give three reasons for having friends.

   It allows sharing of thoughts, feelings, and ideas.

   It provides someone for you to care about and allows someone to care about you.

   It provides a source of emotional support.

   It reinforces your self-esteem.

   etc.

2. List four characteristics of a friend.

   dependability

   trustworthiness

   loyalty

   ability to listen and to share ideas and problems

   sense of humor - "fun to be with"

   etc.

3. Name two skills that are needed to begin and to keep a good friendship.

   trust

   self-disclosure

   negotiation

   compromise

   etc.

(Skills taken from Rebecca J. Donatelle, Lorraine G. Davis, and Caroly F. Hoover, Access to Health, Prentice Hall, Englewood Cliffs, 1988, p. 107.)

SECTION TWO: HOW TO KEEP FRIENDS

4. Select two activities that will help you in making friends.

Offer help to someone.

Give someone a compliment.

Sit with a new person at lunch.

Invite someone to an activity, such as a movie.

Give someone a card, such as a get-well card.

Learn to use people's names.

Remember birthdays.

Share your thoughts.

Say "Hello."

Smile.

Be sincere in all that you do.

etc.

5. Think of one old friendship that you would like to renew. Describe briefly how you could renew it. Telephone your friend to ask how he/she is and to invite him/her to an activity coming up at school (church, community center).

6. Using the two activities that you named in #4, above, describe a plan to make a new friend. You may invite a new person to sit with you at the lunch table at school. Introduce him/her to your friends at the table. Notice what he/she is wearing and - if the item is attractive - compliment him/her for it.

SECTION THREE: WHERE DO FRIENDS GO?

7. Why does a person need to keep old friends? If a person has been a friend to you, you need to maintain the support that he/she gives you, and he/she needs your continuing support.

   etc.

8. Why does a person need to make new friends? As a person grows and develops, he/she enjoys a variety of experiences and meets new people. A natural development, then, is for your circle of friends to grow larger through making new friends. In your new experiences, you need the sharing of thoughts, feelings, and ideas; the caring; the emotional support, and the reinforcement for your self-esteem.

   etc.

   Ask the students to explain the following saying:
   "Make new friends, but keep the old.
   One is silver and the other, gold."
   (Possible explanations:
   Friendships are like precious, metals;
   both old and new friendships are
   valuable.
   New friendships should not replace
   old ones; there is room for both
   old and new friends in a person's
   life.)

9. How can friendships help me to lead a more meaningful life? Friends, by their sharing, caring, and supporting, reinforce your own self-esteem, thereby helping you to feel good about yourself, your sense of "belonging," and your abilities to achieve.

LESSONS WE LEARN FROM DATING

Student Handout

1. It teaches you how to communicate with the opposite sex.
2. It teaches you how to "give and take" in a relationship.
3. It teaches you what you like and don't like in the opposite sex.
4. It allows you to experience different ideas, values, cultures, etc.
5. It builds confidence in yourself.
6. It teaches you that the more you date the more you realize the seriousness of a commitment to one person.
7. It teaches you how to handle your feelings and emotions in an interpersonal relationship.
8. It teaches you how to place limits on your behavior while on a date.
9. It teaches you that going steady with one person too early during the dating period of your life may limit your emotional and social development.

WRONG REASONS FOR SEXUAL INVOLVEMENT

Student Handout

1. Didn't want to hurt a partner's feelings.
2. Didn't want to be thought "too straight."
3. Didn't want to make a partner angry.
4. Felt a sense of obligation.
5. Wanted to demonstrate love and to receive love.
6. Didn't want to seem like a tease.
7. Thought everyone else was doing it.
8. High on drugs or alcohol.

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY RELATIONSHIPS

TOPIC: PERSONAL RELATIONSHIPS

OUTCOMES:

51. **Design a mental health plan which promotes a healthy personality, a positive self-concept, emotional balance, and coping techniques.**

55. **Analyze common adolescent behavior problems, and practice steps for solving them.**

56. **Demonstrate tolerance and kindness to others by recognizing differences and devising ways of coping with common adolescent problems.**

57. **Implement a plan using problem-solving strategies as they relate to emotional stability and to personal values which guide behavior.**

ACTIVITY 45 - OUTCOMES 51, 55, 56, and 57

Materials:
- Student Handout - IDENTIFIED BEHAVIORS AND CHARACTERISTICS (pp. 155-156)
- Student Handout - CAUSES OF STRESS IN YOUNG PEOPLE (p. 157)
- Student Handout - SUGGESTIONS FOR DEALING WITH PROBLEMS (p. 158)
- Student Handout - GETTING ALONG WITH OTHERS (p. 159)
- Student Handout - HOW TO IMPROVE YOUR MENTAL HEALTH (p. 160-161)
- Student Handout - MY MONTHLY MENTAL HEALTH PLAN (p. 162)

In preparing students for the process of designing personal mental health plans, have them list on the chalkboard human behaviors and characteristics that they admire or dislike in themselves and others. Distribute the handout IDENTIFIED BEHAVIORS AND CHARACTERISTICS. Engage students in a process of comparing their lists with those on the handout (i.e. admired behaviors compared with behaviors of the emotionally mature and disliked behaviors compared with behaviors of the emotionally immature). Identify from the lists some common, undesirable adolescent behaviors such as temper tantrums, depression, rudeness, and anxiety. Assist students in analyzing these behaviors and in recognizing how emotionally mature persons avoid them. Also, call attention to appropriate behavior for handling problems related to developing responsibility, avoiding possessiveness, making decisions, and handling conformity.

Distribute the handout CAUSES OF STRESS IN YOUNG PEOPLE. Ask students to add to the list on the handout other causes of stress in the lives of young people and to turn in their revised lists so that a compilation might be prepared and returned to the class. Have the class select the ten most

stressful situations. In a problem-solving activity, lead students in an analysis of some of the undesirable behaviors (e.g. temper tantrums, rudeness, depression, and anxiety) which may result from improper handling of these situations. Then, as practice, assign each member of the class an adolescent problem/stressful situation and ask him/her to tell the class what he/she would do, say, think, etc. in order to handle the problem appropriately, including dealing with its effect on the human body. The handouts SUGGESTIONS FOR DEALING WITH PROBLEMS should be of value to students during this practice exercise and in real-life situations.

Extend the activity to include a discussion of tolerance and kindness to others. Use the handout GETTING ALONG WITH OTHERS as a basis for classroom interaction.

After discussing the handout HOW TO IMPROVE YOUR MENTAL HEALTH, distribute the handout MY MONTHLY MENTAL HEALTH PLAN and divide students into small groups to practice developing monthly mental health plans. Ask each group to design an "ideal plan" and share it with the class for discussion. Then, instruct each student to develop his/her personal mental health plan.

Direct students to implement their first month's plan. At the end of the month, engage them in discussing the successes, failures, strengths, and weaknesses of their plans. In addition, involve them in making recommendations for improving their plans and maintaining commitment to the strategies and activities.

IDENTIFIED BEHAVIORS AND CHARACTERISTICS
Student Handout

EMOTIONALLY MATURE
WELL-ADJUSTED

- Shows courtesy, empathy, cooperation, trust, honesty, consideration, respect
- Solves problems by altering environment
- Adjusts to situation when can't change it
- Helps to solve problems and not create them
- Uses intelligent behavior to plan
- Knows appropriate times to alter or adjust to situations
- Is self-confident and willing to work hard for success
- Lives with a purpose, establishes and pursues worthwhile goals, is happy
- Shows consideration toward others
- Creates pleasant and comfortable atmosphere for other people
- Adjusts easily to new situations
- Is aware of and adjusts behavior to other people as necessary
- Responds to crises with a minimum of emotional turmoil and frustration
- Enjoys sharing with other people
- Accepts compliments and pleasures gracefully
- Accepts disappointments and reverses with calmness and courage
- Directs emotional energy into constructive activities and positive goals
- Is guided by conscience and values

EMOTIONALLY IMMATURE
MALADJUSTED

- Is intolerant of other people
- Creates more problems by not adjusting to the environment, to a situation, or to people
- Throws temper tantrums
- Is rude in dealing with other people
- Creates a tense and unpleasant atmosphere by pitch and tone of voice used, by getting "mad"
- Tries to hurry others or becomes frustrated
- Is impatient for success but is not willing to work for it
- Is self-centered and selfish
- Shows little consideration for other people
- Constantly seeks self-gratification
- Becomes depressed or angry when faced with disappointments and delays
- Becomes withdrawn, sulky, sullen when frustrated
- Is conceited or "stuck up"
- Is jealous of other people -- tries to be possessive of others

Adapted from William M. Kane, Senior Consultant, Understanding Health, Second Edition, Random House School Division, New York, 1987, selected pages.

CAUSES OF STRESS IN YOUNG PEOPLE
Student Handout

- being embarrassed
- failing at something
- death of a parent
- parents' divorce
- being disciplined or yelled at
- lack of freedom to go out
- pressure to use drugs
- choosing a career
- work -- your job or boss
- speaking in front of a class
- moving to a new town or school
- death of a brother or sister
- homework
- athletics
- taking tests or exams
- dating
- argument with a friend
- family member leaving home
- physical development -- too fast or too slow
- breaking up with boyfriend or girlfriend
- death of a friend
- parent losing his/her job
- not having enough money
- traffic violations
- having personal injury or major illness
- pregnancy
- graduating from high school
- deciding future career or college
- not being chosen by the popular crowd
- skin problems
- teachers
- "Parents always tell me what to do."
- "Parents don't care what I do."
- "feel like I'm no good"
- feels pressured to "do it all"
- too shy to meet people
- trying out or auditioning for something

SUGGESTIONS FOR DEALING WITH PROBLEMS

Student Handout

1. Work it off through hobbies, hard work, games, exercise, sports, etc. Harness emotions for useful work.

2. Think it off by getting the facts, considering both sides, and trying to see the other person's point of view.

3. Talk it off by blowing off steam to the one who caused it, or to a friend, parent, teacher, clergyman, doctor, or sympathetic listener.

4. Keep in balance with work, exercise, recreation, relaxation, and sleep.

5. Give in occasionally by adjusting to the situation.

6. Take things one at a time, and don't expect everything to fall in place all at once.

7. Go easy with criticism, and don't always expect perfection from yourself and everyone else.

8. Develop intellectual interests and skills in various activities.

GETTING ALONG WITH OTHERS
Student Handout

1. Cooperate with others and learn to enjoy working with others.

2. Adjust to changes in plans and overcome feelings of disappointment when things don't work out as expected.

3. Overcome fears of meeting new people or going new places by looking at these situations as opportunities to discover interesting and enjoyable experiences.

4. Listen with interest to what the other person is saying in a conversation.

5. Discover other people's interests and share yours with them.

6. Be considerate of other people's opinions, yet peaceably defend your own convictions.

7. Volunteer to help family and friends, and learn to derive satisfaction from helping others.

8. Accept help from others when you need it, and consider that others may find satisfaction in helping you.

9. Consult those you respect for advice, but make your own decisions after considering the advice.

HOW TO IMPROVE YOUR MENTAL HEALTH
Student Handout

Enjoying oneself is not the goal of mental health. It is a by-product of mental health. Gaining mental health does not mean complete freedom from everyday problems. This is neither realistic nor possible. What mental health involves is the ability to cope with problems while keeping a good psychological balance.

How can you go about improving your mental health? There is no single easy answer. Still, there are some things you can do to promote your mental health. A number of important ones are listed below.

1. Set realistic goals for yourself; then achieve them.
2. Practice being alone without outside distractions. Learn to be comfortable with yourself.
3. Identify your good qualities. Be proud of them and of yourself.
4. Make the most of your physical appearance.
5. Be yourself. Express yourself openly and honestly.
6. Recognize and face your fears, guilts, and hostilities. Accept these as part of being human.
7. Try to see the value in both good and bad emotional experiences.
8. Practice sharing your feelings with others.
9. Build friendships by giving and accepting affection.
10. Join in family, club, or other group activities. Share goals and values.
11. Maintain your physical health.
12. Accept responsibility for what and who you are and for what you do.
13. Develop worthwhile skills.
14. Take advantage of opportunities for new experiences. Learn to enjoy good experiences.
15. Learn from both successes and failures. Make full use of all your experiences.
16. When someone upsets or annoys you, try to put yourself in that person's place.

17. Allow yourself to be pleased with what you are and excited about what you are becoming.

18. Ask for help when you feel you could use it. Understand that accepting help may be good for the person who helps you as well.

19. Recognize that nobody's perfect, including yourself.

William M. Kane, Senior Consultant, Understanding Health, Second Edition, Random House School Division, New York, 1987, pages 31 and 36.

MY MONTHLY MENTAL HEALTH PLAN

_____
(month/year)
Student Handout

PERSONAL TRAITS I WISH TO CULTIVATE (attitudes, behaviors, appearance, etc.)	STRATEGIES FOR CULTIVATING
1.	1.
2.	2.
3.	3.

BEHAVIORS I WISH TO AVOID	STRATEGIES FOR AVOIDING
1.	1.
2.	2.
3.	3.

PROBLEMS WITH WHICH I MUST COPE	STRATEGIES FOR COPING
1.	1.
2.	2.
3.	3.

OTHER ACTIVITIES (mental, physical, emotional, social, spiritual) WHICH I PLAN TO ENGAGE IN TO PROMOTE GOOD MENTAL HEALTH	MENTAL HEALTH BENEFITS ANTICIPATED
1.	1.
2.	2.
3.	3.

DEGREE OF SUCCESS*
(end-of-month-assessment)

Poor	Fair	Good	Excellent

*For possible use in preparing next month's plan

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY RELATIONSHIPS

TOPIC: FAMILY RELATIONSHIPS

OUTCOME: 41. Examine ways in which the health of family members can be enhanced by family group activities.

ACTIVITY 46 - OUTCOME 41

Materials: • Student Handout - SAMPLE PLAN FOR FAMILY GROUP ACTIVITIES (p. 164)

Discuss with students the following points about the family:

- The family is the most basic and stable unit in our society.
- The family is the basic unit of socialization.
- The family introduces health-care habits, such as good nutrition, exercise, sleep patterns, and sex roles.
- Family members can, and do, influence each other.
- The family may be composed of one or more members (Examples of types of families: two-parent family, one-parent family, one-person family.)

Ask students to interview family members about family group activities that they enjoy. Then, have students plan with the family some activities which include

- a group physical activity
- a group recreational activity
- a group socialization activity.

SAMPLE PLAN FOR FAMILY GROUP ACTIVITIES

Kind of Activity: Physical _____ Recreational _____ Social _____
(Check one or more.)
Purpose of Activity: To enhance _____
_____
(Name some aspect of health.)

Description of Activity	Logistics (When, Where, Who, How)	Specific Benefits to Health

Ask students to carry out at least one of the planned activities with the family group and to report to the class the contribution of this activity to the health of all family members.

SAMPLE PLAN FOR FAMILY GROUP ACTIVITIES
Student Handout

Kind of Activity: Physical _____ Recreational _____ Social _____
(Check one or more.)

Purpose of Activity: To enhance _____

_____
(Name some aspect of health.)

Description of Activity	Logistics (When, Where, Who, How)	Specific Benefits to Health

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY RELATIONSHIPS

TOPIC: FAMILY RELATIONSHIPS

OUTCOME: 49. Devise strategies for dealing with family problems or crises.

ACTIVITY 47 - OUTCOME 49

Discuss the following family problems or crises, including the effects that may result:

- death
- divorce
- serious disease
- substance abuse
- physical abuse
- loss of employment

Ask students to suggest other family problems for discussion.

Involve the class in identifying persons in the community who are specialists in dealing with family problems and crises.

Examples

- judge
- members of the clergy
- marriage counselor
- lawyer
- doctor
- social worker
- unemployment office representative

Assign pairs of students to interview these specialists (one student pair to one specialist) in order (1) to find out how the specialists help family members deal with problems/crises and (2) to learn of techniques (observed by these specialists) used by family members in successfully coping with serious difficulties. In preparation for the upcoming interviews, assist students with the following:

- selection of problems to be discussed with specialists
- identification of appropriate specialists to be interviewed
- formulation of questions and topics to be addressed

Once students have completed their interviews, have them report their findings to the class.

ACTIVITY 47 - OUTCOME 49 (continued)

Next, involve students in devising strategies for dealing with family problems. Instruct them to secure information from newspapers, magazines, radio and television reports, etc. about various family problems/crises upon which to write scenarios for a few hypothetical situations (e.g. loss of job, death, divorce). Ask students to name some strategies family members might use in coping with these situations.

Secure class consensus on what it believes to be the best strategies. Then, ask the student pairs to revisit their specialists consulted earlier. Tell the students that the purpose of the second visit is to secure the specialists' assessment of the merit of the class's strategies. Have the results of the second visit reported to the class by each pair of students.

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY RELATIONSHIPS

TOPIC: FAMILY RELATIONSHIPS

OUTCOME: 40. Discuss child abuse in terms of causes, percentages of cases, and relevant laws, and critique measures that can be taken to aid in the prevention of child abuse.

ACTIVITY 48 - OUTCOME 40

Discuss the physical aspects of child abuse, such as bruises, broken bones, burns, malnutrition, and sexual exploitation.

Review current statistical data on child abuse, such as the number of children who die each year from parental/guardian abuse and the number of children who are abused, but not fatally, each year. (In 1987, 2000 youngsters died out of more than one million who were abused.)

Point out that abusers of children come from people

- who were abused or neglected themselves as children
- who lead lonely, isolated lives, who have a strict disciplinarian attitude toward child rearing, and who do not communicate well with children
- who are of all races and economic levels

Tell the students that abused children are usually

- quiet
- withdrawn
- loving toward their parents
- hesitant to admit their abuse

Have students research sources of help for abused children and construct eye-catching charts, drawings, etc. to display the information acquired. Sources of information include Parents Anonymous and similar organizations; Alabama Department of Human Resources; state and local law enforcement agencies; health-care personnel; certain private citizens (to whom incidents may be reported); and laws which require doctors, teachers, and health-care personnel to report instances of child abuse. Many communities have crisis intervention "hotlines" for parents who realize they need help.

Instruct students to bring newspaper articles related to child abuse and to prepare a bulletin display with them. The display should cover a variety of topics (victims, types of incidents, laws, arrests, sentences, etc.).

At the conclusion of the activity, cause all students to be aware that all states now have laws requiring the reporting of suspected child abuse to child-welfare authorities.

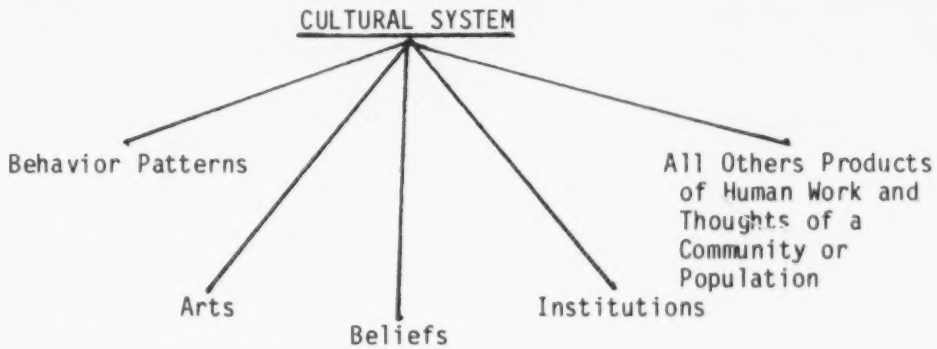
HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY RELATIONSHIPS

TOPIC: SOCIAL RELATIONSHIPS

OUTCOME: 54. **Describe the interrelationship of cultural value systems and behavior patterns.**

ACTIVITY 49 - OUTCOME 54

Show the interrelationship of cultural value systems and behavior patterns by the model below. Place it on a large poster.



(Definition from The American Heritage Dictionary, Second College Edition. Houghton Mifflin Company, Boston, Massachusetts, 1982, p. 348.)

Based on the model shown above, present the following cultural information to the class:

- The interrelationship of a cultural system and its behavior patterns is the connection of the part to the whole, with the part being behavior patterns and the whole being the cultural system.

- Both a culture and its behaviors accept into their system and patterns respectively that which is useful or important; in other words, "of value."

- Behavior patterns of a culture are caused by a cultural value system; therefore, they reflect what is considered important to that culture and, as a result, what that culture demands of its people in behavior. Behavior patterns are molded by the culture: its social customs, including its values or mores; its attitudes and beliefs; the motivating factors (coming both from the culture and the individual in that culture); and its penalties.

- The cultural value system influences to a great extent its group and personal behavior patterns from inception to the grave.

ACTIVITY 49 - OUTCOME 54 (continued)

- Each culture system will have its own behavior patterns, beliefs, arts, institutions, and other products of human work and thought--similar to, yet unique from all other culture systems.

- The importance to the student's health of the interrelationship of cultural value systems and behavior patterns is

  -- to understand who I am
  -- to understand where I come from
  -- to know what is expected of me (my role) in a particular cultural setting
  -- to know my opportunities and limits for the future
  -- to recognize that other cultures exist in this world
  -- to be able to see other viewpoints and, as a result, to get along better with others (cultural groups and individuals)
  -- to increase my mental well-being by observing the above cultural and behavioral understandings.

Tell the students that they will be studying certain institutions found in their cultural system and that this study will help them to understand their own cultural system better. Then, divide the class into four groups.

Group One: The Family
Group Two: The School
Group Three: The Church
Group Four: The State (Government)

Ask each group to study and discuss its topic in light of cultural values and behavior patterns. Ask the school library media specialist and social studies/history teacher to provide books which will help in this study. At the completion of the study and discussion, direct each group to choose a spokesperson for that group to serve on a panel. Serve as the panel moderator and conduct a panel presentation composed of the four topics. Leave sufficient time for questions and comments from the rest of the class. Ask students to take notes from the panel presentation.

ACTIVITY 50 - OUTCOME 54

Materials: • Hats representing various cultures

Invite a professor of sociology, history, the humanities, or foreign languages from a nearby college or university to speak to the class in regard to cultural differences and the resulting effects on value systems and behaviors. Ask the visiting speaker to be certain (1) to cover the following factors in reference to two or more cultural systems (including the students' culture), and (2) to explain how these cultural factors affect those cultures' value systems and behavior patterns:

- the meaning of time
- the meaning of space while communicating
- the meaning of ceremonies
- concepts of work and play
- the pleasures and taboos of foods/eating

Following the visitor's presentation, bring to class a variety of hats (head coverings) representing the various cultures discussed by the visiting speaker. Ask for volunteers using the hats, to plan and to present a skit revealing some of the cultural differences and their effect on behavior.

Culminate the activity by reminding the students of the importance to one's health (1) of being able to visualize the needs, accomplishments, and views of other people in other cultures and (2) of being able to understand and relate positively to people with cultural differences.

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY RELATIONSHIPS

TOPIC: SOCIAL RELATIONSHIPS

OUTCOME: 39. Analyze the need for a loving, protective environment for children.

ACTIVITY 51 - OUTCOME 39

Materials:
- Chalkboard
- 3" x 5" cards

Instruct each student to interview three or more of the persons listed below for the purpose of (1) identifying children's needs which receive attention in a loving, protective environment, and (2) determining how these needs are addressed.

List of Persons to be Interviewed

- parents
- teachers
- principals
- counselors
- policemen
- kindergarten directors
- coaches
- doctors
- firemen
- babysitters
- etc.

The information should be collected on 3" x 5" cards in the following manner:

Title (teacher, etc.) of Person Interviewed _____	
Needs of Children	How These Persons Address the Needs

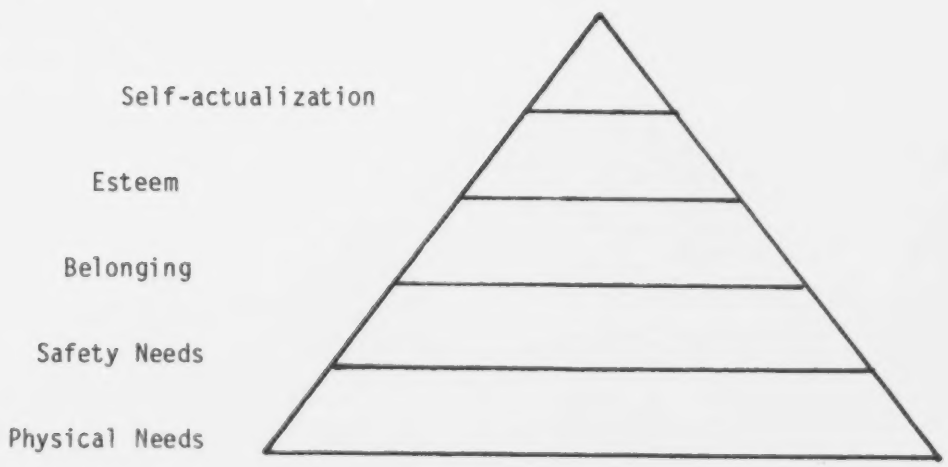
ACTIVITY 51 - OUTCOME 39 (continued)

After the students have completed the interviews, have them report orally their findings and display on a chalkboard these findings according to the following format:

Needs of Children	Activities, Functions Which Address These Needs
- Safety	-Providing safe place to live, doctoring, babysitting patrolling (policeman), etc.
etc.	etc.

Write on a second chalkboard the major needs areas from Maslow's "Hierarchy of Human Needs" (listed below), and involve the class in matching the needs (from the first chalkboard) to the areas in the hierarchy.

Maslow's Hierarchy of Human Needs



HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY ENVIRONMENT

TOPIC: ACCIDENT PREVENTION

OUTCOME: 45. Relate characteristics of individuals to causes/effects of accidents.

ACTIVITY 52 - OUTCOME 45

Have the class list human characteristics that can easily trigger an accident. Note these characteristics on the chalkboard (Examples: aggression; absent-mindedness; irritability; unawareness; defiance of authority; age, especially the very young and the very old; vulnerability to peer pressure). Then, have the class give examples of accidents that occur. List these on the chalkboard with the characteristics that can help to cause an accident.

Ask the students as a class to listen to each of the following situations and, then, to point out the type of accident that occurs, to name the individual's characteristic(s) that played a part in each accident, and to show the relationship between the characteristics of the individuals and the causes and/or effects of the accident. Put the following outline on the chalkboard, and tell the students to complete it at their desks as they listen to each situation. Tell them that the completion of a separate outline is needed for each situation.

OUTLINE:
RELATIONSHIP OF INDIVIDUALS' CHARACTERISTICS
TO CAUSES AND EFFECTS OF ACCIDENTS

1. Type of Accident
   (Situation One, below, as an example: automobile accident)

2. Characteristic(s) which helped to cause the accident (Examples: anger, aggression, defiance of authority, unawareness)

3. Relationship between the cause and/or effect of the accident and the characteristics of the individual involved in the accident (Example: John's characteristic of anger toward his father led to aggressive behavior behind the wheel of the car resulting in a near-miss of another vehicle, speeding, a lack of awareness of road conditions, and an automobile accident.)

ACTIVITY 52 - OUTCOME 45 (continued)

Situation One: John and his father are arguing about the money needed for a project at college. John angrily jumps into his car and speeds down the road. He narrowly misses another automobile. He thinks, "I'll show Dad that I can do everything my way," and increases his speed to show his own power. Suddenly he hits a slick spot, loses control of the car, and crashes into a tree.

Situation Two: Jan's husband Wayne likes French fries made from real potatoes. Jan cooks them for him several times a week. Because she cooks French fries so often, she sometimes leaves the frying pan, which always has grease, sitting on the stove. One afternoon, she had taken their six-month-old daughter to the doctor for a check-up. It was almost suppertime when she got home. She quickly put on a pot of water to boil for tea and went to the bedroom to change and feed the baby. In her haste, she had turned on the stove control for the frying pan filled with grease instead of the control for the pot of water! In about five minutes, the grease on the stove had caught on fire. In addition, the grease fire started a fire in the wood paneled wall right behind the stove.

Situation Three: Mary was taking a friend home in her van. The road was steep and curving, and fog was rolling in. Tense because of the road and weather conditions, Mary was straining her eyes to see and was pumping the accelerator of the automobile. In a curve of the road, another van appeared suddenly in Mary's lane. The vans collided head-on.

Mary lay in a coma for four days and almost died. Her heart was bruised; her left hand and wrist were crushed; there were numerous injuries to her legs and feet; and there were deep cuts across her face. Mary's recovery took many months. She did not remember exactly how the accident occurred and never discussed it. She has not accepted any counseling as a result of the accident. She drives now only when there is an absolute necessity. The very mention of the accident causes Mary anxiety.

(Include in this situation a discussion of the ways in which accidents can cause a change in emotions or attitudes -- in this situation, negatively; in other situations, positively-e.g. being more cautious.)

ACTIVITY 53 - OUTCOME 45

Materials: • Student Handout - LOSS DUE TO ACCIDENTS (p. 176)

Guide the students in understanding the relationship of personal and property losses to accidents by asking them to investigate six losses due to accidents. Assign groups of students as follows:

Group 1 - loss of human resources
Group 2 - loss of time
Group 3 - loss of money
Group 4 - loss of property
Group 5 - specific losses related to various age groups
Group 6 - specific losses related to types of accidents

Put the following information in a prominent place in the classroom to provide students with initial information for their investigations and to impress them with the immensity of the various losses:

-30,000 die annually, and four million annually are disabled from home accidents.
-Over 2,000 are killed annually in hunting accidents.
-Nearly three times as many people died from automobile accidents as were killed during two world wars and the Korean Conflict during the same fifty-year span.

Ask students to investigate these losses (numbers 1-6 above) due to accidents by seeking information from

-the school library
-the public library
-the traffic and safety education teacher
-the home economics teacher (regarding accidents in the home)
-the vocational education teacher (regarding accidents in the work place)
-Alabama Department of Public Safety
-Local police department and sheriff's department

Have students complete the form LOSS DUE TO ACCIDENTS.

LOSS DUE TO ACCIDENTS
Student Handout

1. The number of the group _____
(Example: Group 1)

2. Name of loss _____
(Example: loss of human resources)

3. Types of accidents that cause this loss
   a.
   b.
   c.
   d.
   e.

4. Statistics regarding this loss
   a.
   b.
   c.
   d.
   e.
   f.

5. A brief statement relating this loss to types of accidents (Example: In Alabama in 1987, the loss of human life caused by _____ (Number) automobile accidents was _____ (Number) persons. Automobile accidents, then, caused _____ (Number) families to be left without one of its members. In _____ (Number) cases, this was the wage earner of the family.)

   Have the six groups present their findings to the entire class by oral, visual, audio, or combined means. Then, ask the class to summarize the relationship of personal and property losses to accidents by placing on posters the combined cost of these losses in terms of life, time, money, and property by specific age groups and by types of accidents.

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY ENVIRONMENT

TOPIC: EMERGENCY-CARE TECHNIQUES

OUTCOME: 47. Demonstrate basic elements or techniques of emergency care.

ACTIVITY 54 - OUTCOME 47

Materials:
- Emergency care techniques materials from the American Red Cross
- Cardiopulmonary resuscitation (CPR) materials from the American Heart Association or the American Red Cross
- Demonstration manikin

Have students read the American Red Cross materials on emergency care techniques or have them read the health textbook for information on the four major health emergencies.

1. Cardiac arrest
2. Poisoning
3. Breathing failure
4. Bleeding

Discuss and demonstrate (using materials listed above) appropriate techniques for caring for persons, with special attention to cardiac arrest, during these emergencies, and have the class practice these techniques for skill development. (Note: According to Alabama law, the health teacher must be certified as an instructor in CPR by the American Heart Association or the American Red Cross before teaching CPR in the health unit required by the Alabama State Board of Education.)

Conduct a brainstorming activity in which students are to identify other situations that require the elements and techniques of emergency care. List these on the chalkboard, and identify appropriate emergency treatment as illustrated below.

Emergency Situation	Treatment Needed
- Choking - Broken bone - Burns - Heatstroke - Shock - Etc.	- Perform the Heimlich Maneuver. - Apply an emergency splint, keeping adjacent joints from moving. - Etc.

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY ENVIRONMENT

TOPIC: MEDICAL CARE

OUTCOME: 26. Apply sound criteria in the selection and use of reliable medical personnel and health information, products, and services.

ACTIVITY 55 - OUTCOME 26

Divide the class into three groups. Ask Group One to research and develop criteria for selecting medical personnel and health services. Give Group One the following questions to guide it in its research:

What should a person consider when selecting medical personnel? (Criteria should include type of medical personnel needed, proper training, licensing by government agency, reputable professional standing, current health knowledge, professional advice, and recommendations of other patients.)
What training is needed by health care personnel to become licensed by governmental agencies? (Resources: Director of Media Specialist by the American Medical Association and Patient's Bill of Rights by the American Hospital Association)
What are some warning signs that might indicate "quackery" in health practices?
What does the seal of approval mean for medical services?
What determines the quality of medical care provided by health departments, hospitals, clinics, and nursing homes?

Ask Group Two to research and develop criteria for evaluating and selecting health products. Give Group Two the following questions to guide it in its research:

What is the value of research findings in regard to health products?
What is the seal of approval, and who gives it?
What does the seal of approval mean for health information, products, and services?
What is the government doing to protect health care consumers?
What professional advice should one seek in evaluating and selecting health products?
What are some warning signs that might indicate "quackery" in health products?

Ask Group Three to research and develop criteria for evaluating health information. Give Group Three the following questions to guide it in its research:

ACTIVITY 55 - OUTCOME 26 (continued)

What is the value of research findings in regard to health information?
What types of health information are needed?
What sources are known for securing valid medical information? How may additional sources be found and contacted?
What professional advice is sought?
What is the seal of approval, and who gives it?
What does the seal of approval mean for medical information?
What is the government doing to inform health-care consumers?
What determines the quality of medical information provided by health departments, hospitals, clinics, and nursing homes?
What assistance can the following agencies and organizations; provide for health information as well as for services and products?

- local and state health departments
- federal agencies such as the Food and Drug Administration
- Better Business Bureau
- hospitals
- clinics
- nursing homes

What should be included in a basic, periodic health examination?

Following the research completed by the three groups, ask each group to list its criteria on butcher paper or on posters. Post the criteria, and have each group select one member to represent it in an oral presentation of the criteria developed and one member of each group to record its group's criteria.

At the conclusion of the oral presentation, collect the groups' written criteria, duplicate all three groups' criteria, and distribute them to each student for reference.

TOPIC: MEDICAL CARE

OUTCOME: 37. **Appraise existing community health practices, health facilities, and health services as they relate to individual needs, met and unmet, and services offered.**

ACTIVITY 56 - OUTCOME 37

Materials: • Student Handout - COMMUNITY HEALTH SERVICES SURVEY (p.181)

Involve students in a brainstorming session for the purpose of arriving at a set of questions for a community survey of health practices, health facilities, and health services. A partial list of questions appears below.

Questions

1. What services are needed by the elderly?
2. Do children under age twelve need special health services?
3. What services are needed in the event of emergencies?
4. What services are needed by teenage expectant mothers?
5. What facilities are needed for exercise and physical therapy?
6. Should agencies provide preventive health counseling?

Divide the class into small groups, assign group leaders, and send the students into the community. Remind them to question individuals from all age groups. Survey information, including questions to be asked, should be recorded on student handout COMMUNITY HEALTH SERVICES SURVEY.

After the survey has been completed, have students share and compare their findings and present them to the class in the form of a television, talk-show panel. Direct the group leaders to serve on the panel, appoint a student to serve as moderator, and ask the remainder of the class to serve as an audience, which might be called upon for questions and other responses at times during the "show."

COMMUNITY HEALTH SERVICES SURVEY
Student Handout

Questions about services, facilities, & practices	Are these services being met? (yes or no)	What services are offered?

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY ENVIRONMENT

TOPIC: MEDICAL CARE

OUTCOME: 32. Analyze and discuss community preventive health measures that aid in disease control and prolong life.

ACTIVITY 57 - OUTCOME 32

Materials: • Chalkboard

Write on the chalkboard the following statement:

"AN OUNCE OF PREVENTION
IS WORTH A POUND OF CURE."

Discuss with the students why the saying above is especially true with health measures--why preventive measures are better than cures, treatments, etc. Also, explore the ways that prevention costs less (less expense, less time, less suffering, less hospital space, etc.).

Ask students to call, write, or visit community health agencies (including mental health) and request pamphlets, brochures, and bulletins which describe health services that these agencies provide. Assign a small group of students to analyze the materials from each agency as illustrated below.

AGENCY PROVIDING THE HEALTH SERVICE Alabama Department of Public Health

THE SERVICE PROVIDED Examination of school lunchrooms

DOES THE SERVICE PREVENT DISEASE (OR HAVE A PREVENTION COMPONENT)? ___ Yes ___ No

NAME OF DISEASE/DISORDER PREVENTED Food contamination, poisoning

WHO IS AIDED? School children, teachers, etc.

WHO PAYS FOR THE SERVICE? Taxpayers

ACTIVITY 57 - OUTCOME 32 (continued)

Assist students in developing a list of other community health measures, in identifying those that are preventive in nature, and in analyzing as follows:

HEALTH MEASURES	PREVENTIVE? YES or NO	HOW IS DISEASE PREVENTED AND/OR LIFE PROLONGED?
Garbage collection	Yes	Prevents spread of disease by flies and vermin
Identification of polluted lakes and streams	Yes	Prevents danger to would-be swimmers
Etc.		

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY ENVIRONMENT

TOPIC: MEDICAL CARE

OUTCOME: 33. Discuss the role of research and federal agencies in the prevention and control of disease.

ACTIVITY 58 - OUTCOME 33

Material:
- Student Handout - HEALTH RESOURCES AT YOUR FINGERTIPS (p. 185-187)
- Student Handout - THE ROLE OF RESEARCH IN THE PREVENTION AND CONTROL OF DISEASE (p. 188)
- Teacher's Copy - THE ROLE OF RESEARCH IN THE PREVENTION AND CONTROL OF DISEASE (p. 189)

Explain to the students the important role of research in the prevention and control of disease. Include in this explanation the following facts:

- Much research is performed by organizations and federal agencies.
- Funding for this research is provided by the United States Government and/or by individuals, groups, and companies donating money to organizations. Many universities and schools of medicine that perform research receive funding from organizations and federal agencies.
- The prevention and control of disease are major tasks of some federal agencies and of certain organizations.

Distribute to the students the handout HEALTH RESOURCES AT YOUR FINGERTIPS, and ask the students to read carefully the introductory statement in the handout. Then, ask each student to select one organization and one federal agency and to write to that organization and agency in order to secure the information as outlined and modeled in the Teacher's Copy. Proofread each student letter sent. Secure, if possible, school stationery for the final writing of letters by students.

When a response from an organization or agency is received, ask the student who received the correspondence to complete the Student Handout THE ROLE OF RESEARCH ON THE PREVENTION AND CONTROL OF DISEASE. Then, ask that student to present orally the material to the class in whatever manner he/she wishes. Finally, duplicate and distribute the Student Handout to the class for the students to keep as a reference.

HEALTH RESOURCES AT YOUR FINGERTIPS

The following list is a sampling of national organizations offering health information. It is not intended to be exhaustive, and will hopefully be updated periodically to identify organizations that have been missed or that have produced new resources useful in health education curricula. THOSE SEEKING PUBLICATIONS OR INFORMATION ASSISTANCE FROM THESE ORGANIZATIONS SHOULD ALWAYS DETERMINE IF THERE IS A LOCAL OR STATE AFFILIATE OF THE NATIONAL ORGANIZATION AND CONTACT THE CLOSEST OFFICE FIRST. Addresses and phone numbers can be checked through telephone directories, libraries, and local health agencies. ALSO, HEALTH INFORMATION AND HELP IN IDENTIFYING OTHER VALUABLE RESOURCES CAN FREQUENTLY BE OBTAINED FROM OFFICIAL STATE AND LOCAL HEALTH AND EDUCATION AGENCIES, COLLEGES AND UNIVERSITY HEALTHY EDUCATION PERSONNEL, AND/OR LIBRARY REFERENCE GUIDES. Many of the publications and services are free to the public; others involve a nominal charge.

Action on Smoking & Health
2013 H St., N.W.
Washington, DC 20006

Al-Anon Family Group
Headquarters, Inc.
P. O. Box 182
Madison Square Station
New York, NY 10059-0182

Alcoholics Anonymous
P. O. Box 459
Grand Central Station
New York, NY 10163

American Academy of Dermatology
820 Davis
Evanston, IL 60201

American Alliance for Health,
Physical Education,
Recreation and Dance
Assoc. for the Advancement
of Health Education
1900 Association Dr.
Reston, VA 22091

American Cancer Society
777 Third Ave.
New York, NY 10017

American Council on
Marijuana and Other
Psychoactive Drugs
6193 Executive Blvd.
Rockville, MD 20852

American Dental Assoc.
Bureau of Health Education and
Audiovisual Services
211 E. Chicago Avenue
Chicago, IL 60611

American Medical Assoc.
Department of Health Education
535 N. Dearborn St.
Chicago, IL 60610

Amer. Medical Assoc. Aux.
535 N. Dearborn St.
Chicago, IL 60610

American Optometric Assoc.
Attn: Communication Div.
243 N. Lindberg Blvd.
St. Louis, MO 63141

American Osteopathic Assoc.
Public Relations Dept.
212 E. Ohio St.
Chicago, IL 60611

American Pharmaceutical Assoc.
2215 Constitution Ave., NW
Washington, D.C. 20037

American Podiatry Assoc.
Council on Education
20 Chevy Chase Circle, NW
Washington, D.C. 20015

American Red Cross
17th and E Sts., NW
Washington, D.C. 20006

American School Health Assoc.
P. O. Box 708
Kent, OH 44240

American Social Health Assoc.
260 Sheridan Ave.
Palo Alto, CA 94306

Arthritis Foundation
1314 Spring Street
Atlanta, GA 30309

Family Service Assoc.
of America
44 E. 23rd St.
New York, NY 10010

Group Against Smoker's
Pollution (GASP)
P. O. Box 632
College Park, MD 20740

Kimberly-Clarke
Life Cycle Center
2100 Winchester Rd.
Neenah, WI 54956

Leukemia Society of America
800 Second Avenue
New York, NY 10017

March of Dimes, Birth Defects
Foundation
1275 Mamaroneck Ave.
White Plains, NY 10605

Mental Health Materials Center
30 E. 29th Street
New York, NY 10016

Metropolitan Life Ins. Co.
Health & Safety Educ. Div.
One Madison Avenue
New York, NY 10010

Muscular Dystrophy Assoc.
810 Seventh Avenue
New York, NY 10019

National Center for Health
Education
30 E. 29th Street
New York, NY 10016

American Dietetic Assoc.
430 N. Michigan Ave.
Chicago, IL 60611

American Diabetes Assoc.
Two Park Ave.
New York, NY 10016

American Hearing Society
(formerly National Assoc. for Hearing & Speech Action)
10801 Rockville Pike
Rockville, MD 20852

American Heart Assoc.
7320 Greenville Ave.
Dallas, TX 75231

American Hospital Assoc.
Dept. of Order Processing
840 N. Lake Shore Dr.
Chicago, IL 60611

American Lung Assoc.
1740 Broadway
New York, NY 10019

National Hemophilia Foundation
19 W. 34th St., Suite 1204
New York, NY 10001

National Kidney Foundation
Two Park Avenue
New York, NY 10016

National Mental Health Assoc.
1800 N. Kent St., 2nd Floor
Arlington, VA 22209

National Multiple Sclerosis Society
20 E. 42nd St.
New York, NY 10017

Assoc. for Retarded Citizens
(formerly National Assoc. for Retarded Children)
P. O. Box 6109
Arlington, TX 76011

Asthma and Allergy Foundation of America
1302 18th St., NW, Suite 303
Washington, D.C. 20036

Blue Cross/Blue Shield Assoc.
676 N. Saint Clair St.
Chicago, IL 60611

Cystic Fibrosis Foundation
Suite 558
3384 Peachtree Rd., NE
Atlanta, GA 30326

Epilepsy Foundation of America
4351 Garden City Dr.
Suite 406
Landover, MD 20735

National Safety Council
444 N. Michigan Ave.
Chicago, IL 60611

National Society for the Prevention of Blindness, Inc.
79 Madison Avenue
New York, NY 10016

National Tay-Sachs and Allied Diseases Assoc. Inc.
92 Washington Ave.
Cedarhurst, NY 11516

Planned Parenthood Federation of America, Inc.
810 Seventh Avenue
New York, NY 10019

National Council on Alcoholism, Inc.
733 Third Ave., Suite 1405
New York, NY 10017

National Cystic Fibrosis Research Foundation
60 E. 42nd St., Suite 1563
New York, NY 10017

National Dairy Council
6300 N. River Road
Rosemont, IL 60018

National Easter Seal Society
2023 W. Ogden Avenue
Chicago, IL 60012

National Fire Protection Assoc.
Battery March Park
Quincy, MA 02269

National Genetics Foundation
555 W. 57th St.
New York, NY 10019

Public Affairs Committee, Inc.
381 Park Avenue, South
New York, NY 10016

Tampax, Incorporated
Department MI
P. O. Box 7001
Lake Success, NY 11402

United Cerebral Palsy Assoc.
330 E. 34th Street
New York, NY 10001

United Parkinson's Foundation
220 S. State St., Room 1806
Chicago, IL 60604

From Teenage Health Teaching Modules, developed by Educational Development Center, Inc., 1982, 1983.

FEDERAL GOVERNMENT RESOURCES

Arthritis Information Clearinghouse
1700 N. Moore Street
Arlington, VA 22209

Cancer Information Clearinghouse
National Cancer Institute
Office of Cancer Communications
Building 31, Room 10A18
9000 Rockville Pike
Bethesda, MD 20205

Center for Health Promotion and Education
Division of Health Education
Centers for Disease Control
Atlanta, GA 30333

Clearinghouse on the Handicapped
330 C. Street, S.W.
Washington, DC 20201

Consumer Information Center
Pueblo, CO 81009

Environmental Protection Agency
Public Inquiries Center, PM 211-B
401 "M" St., S.W.
Washington, DC 20460

Food & Drug Administration
Office for Consumer Inquiries (HFE-88)
5600 Fishers La.
Rockville, MD 20857

Food & Nutrition Information Center (FNIC)
3101 Park Center Drive
Alexandria, VA 22302

High Blood Pressure Information Center
120/80 National Institutes of Health, Box UR
Bethesda, MD 20205

National Clearinghouse for Alcohol Information
P. O. Box 2345
Rockville, MD 20857

National Clearinghouse for Drug Abuse Information
5600 Fishers La., Room 10A43
Rockville, MD 20857

National Clearinghouse for Family Planning Information
P. O. Box 2225
Rockville, MD 20852

National Clearinghouse for Mental Health Information
Public Inquiries Section
5600 Fishers La., Room 15017
Rockville, MD 20857

National Diabetes Information Clearinghouse
Box NDIC
Bethesda, MD 20205

National Digestive Diseases Education and Information Clearinghouse
1555 Wilson Blvd., Suite 600
Rosslyn, VA 22209

National Health Information Clearinghouse (NHIC)
P. O. Box 1133
Washington, DC 20013-1133

National Highway Traffic Safety Administration (NHTSA)
U.S. Department of Transportation
400 7th St., S.W.
Washington, DC 20590

National Injury Information Clearinghouse
5401 Westbard Ave., Room 625
Washington, DC 20207

National Institute for Drug Abuses
5600 Fishers La.
Rockville, MD 20857

National Institutes for Health
Bethesda, MD 20205

National Heart, Lung and Blood Institute
Public Information and Reports Branch
Building 31, Room 4A21
National Institutes of Health
Bethesda, MD 20205

Office of Consumer Affairs
Washington, DC 20201

Office of Smoking & Health
Technical Information Center
Park Building, Room 116
5600 Fishers Lane
Rockville, MD 20857

President's Council on Physical Fitness and Sports
450 Fifth St., N.W., Suite 7103
Washington, DC 20001

Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402

U.S. Consumer Product Safety Commission
Washington, DC 20207

U.S. Department of Agriculture
Washington, DC 20250

U.S. Department of Health and Human Services
Washington, DC 20201

National Center for Education in Maternal and Child Health
3520 Prospect St., N.W.
Washington, D.C. 20007

THE ROLE OF RESEARCH IN THE PREVENTION AND CONTROL OF DISEASE
Student Handout

ORGANIZATION/ FEDERAL AGENCY	RESEARCH ACTIVITIES	PREVENTION ACTIVITIES	CONTROL OF DISEASE	IMPACT ON ENVIRONMENT
NATIONAL NAME ADDRESS STATE AFFILIATE ADDRESS TELEPHONE CONTACT PERSON LOCAL AFFILIATE ADDRESS TELEPHONE CONTACT PERSON				

THE ROLE OF RESEARCH IN THE PREVENTION AND CONTROL OF DISEASE

Teacher's Copy

ORGANIZATION/ FEDERAL AGENCY	RESEARCH ACTIVITIES	PREVENTION ACTIVITIES	CONTROL OF DISEASE	IMPACT ON ENVIRONMENT
NATIONAL NAME American Cancer Society **ADDRESS** 777 Third Ave. New York, NY 10017 **STATE AFFILIATE** Alabama Div. Amer. Can. Soc. **ADDRESS** 402 Office Park Dr., Suite 300 Birmingham, AL 35223 **TELEPHONE** 205, 879-2242 **CONTACT PERSON** Jack Gurley Executive V-P **LOCAL AFFILIATE** Montgomery Area Amer. Can. Soc. **ADDRESS** 3617 Debby Dr. Montgomery, AL 36111 **TELEPHONE** 205, 2883432 **CONTACT PERSON** Frida Banton-Posey Area Director	- Causes of cancer - Cures for cancer - Improved treatments for existing cancers	- Cancer education in the area of nutrition - Cancer education regarding skin, breast, lung, and colorectal cancers - Screening and early detection activities - Education efforts in the prevention of cancer, such as the link between cigarette smoking and lung cancer	- Education in regard to improved treatments for existing cancers - Education regarding nutrition and colorectal cancer, sun rays and skin cancer, cigarette smoking and lung cancer	- Identification of cancer-causing agents in the environment, such as asbestos, radiation, and lead in paint - Legislative support for the "Clean Indoors Air Act"

TOPIC: MEDICAL CARE

OUTCOME: 30. Discuss medical care/cost as a part of family, state, and national budgets.

ACTIVITY 59 - OUTCOME 30

Explain to students that medical care and its cost affect state and national budgets as well as the family budget. Invite a representative from a state social service and one from a federal agency to speak to the class about the medical care and the cost of state and national health programs.

Examples of State Services	Examples of Federal Services
- Alabama Department of Human Resources	- Health and Human Services
- Alabama Department of Public Health	. Social Security Administration
- Alabama Department of Mental Health	. Food and Drug Administration
- Medicaid Agency - Alabama	- Medicare
- Medicare - Alabama	- Medicaid

Give special emphasis to the importance of medical care as a part of the family budget. At the same time, bring attention to the high cost of medical care. In giving this special attention to medical care/cost, ask several students to check with family members and/or hospitals, health clinics, physicians, nursing homes, and insurance companies on the cost of various examples of medical care. Ask students to include the following in their information search:

Medical Care	Approximate Cost
- three nights' stay in the hospital	$_____
- the fitting, placement, and adjustment of braces on the teeth (the entire procedure, possibly taking two to three years)	$_____
- one operation for _____ (Name type of operation.)	$_____

ACTIVITY 59 - OUTCOME 30 (continued)

- one physician or health clinic office visit for _____ (Name the purpose of visit.) $_____

- one year's immunization for allergies $_____

- one year's basic hospital insurance policy $_____

- one month's care in a nursing home $_____

- one counseling session with a psychologist $_____

- one month's Medicaid services payment to a patient $_____

- one week's services of a sitter in the home $_____

Have the students present to the class their findings on the high cost of medical care.

Then, invite an insurance agent to speak to the class. Ask the insurance agent to limit his/her remarks according to the following criteria:

- need for insurance
- types of insurance policies
- procedure for selection of policy(ies)
- special aspects of policies, such as type(s) of coverage and waiting period
- expenses for insurance policies as a part of the family budget

Provide time for the students to ask questions of the insurance agent.

In concluding the medical-care activity, ask the class to summarize their findings and impressions. Place the summary on the chalkboard, and provide a copy of the summary to all students.

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY ENVIRONMENT

TOPIC: ADVERTISING AND HEALTH PRODUCTS

OUTCOME: 29. Analyze effects of health advertising on consumer-buying habits.

ACTIVITY 60 - OUTCOME 29

Materials: • Chalkboard

Discuss the following information with the students:

Advertisements, whether seen or heard, are intended to make the consumer want to buy a certain product. Naturally, newspapers, magazines, circulars, billboards, radio, television, and bulk mail are the media utilized to disseminate information for the advertising industry.

Involve students in a brainstorming session to identify ways that health advertising influences consumer buying. List these ways on the chalkboard, and have students to supply an advertising message (slogan, etc.) for each. Then, ask the students to tell how the message may affect the consumer and, consequently, his/her buying habits.

Health advertising affects consumer purchasing by:	tising ages	How the messages affect the consumer
1. Issuing warnings	Surgeon General's Warning: "Quitting smoking now reduces serious risks to your health."	Raises concern tobacco-related diseases
2. Giving advice	"If you drink, don't drive."	Suggests the possibility of an accident
3. Identifying nutritional benefits	"low in cholesterol"	Reduces fear of cardiovascular diseases
4. Promoting good mental health	"Have you hugged your child lately?"	Encourages family love
5. Introducing new products techniques		
6. Offering protection		
etc.		

ACTIVITY 60 - OUTCOME 29 (continued)

Instruct students to bring to class numerous samples of health-related advertising that have strong sensory and/or multi-sensory appeal. Ask students to read or display some of the ads and to note which senses are appealed to.

Then, choose several ads that promote different brands of the same product, and analyze as illustrated below:

PRODUCT Toothpaste

BRAND NAME	SENSES APPEALED TO		STRENGTH OF APPEAL		
			Strong	Moderate	Weak
Brand A	Sight	X	X		
	Sound				
	Taste	X		X	
	Smell				
	Touch				
Brand B	Sight	X		X	
	Sound	X	X		
	Taste	X			X
	Smell	X		X	
	Touch				
Brand C	Sight	X	X		
	Sound				
	Taste	X		X	
	Smell	X			X
	Touch				

Request students to pretend that the brands are unknown to them and to vote on the brand they would purchase if their decisions were based on sensory appeal reflected in the advertising.

ACTIVITY 60 - OUTCOME 29 (continued)

Divide the class into three groups, and make the following assignments:

Group 1

Collect examples of advertisements that promote sound health practices, and share the results with the class. Be prepared to report to the class what kinds of information contained in the advertisements would influence you to buy these products/services.

Group 2

Collect examples of advertisements that the group believes should be banned because of the ill effects of the product related to health. Identify these effects, and prepare a report on how to prevent or diminish consumer purchases.

Group 3

Make a collection of the students' favorite or best-known commercials and advertisements. Identify the traits that give the commercials and advertisements strong consumer appeal. Prepare a report on advertising traits that positively or negatively affect consumer-buying habits.

At the conclusion of the group assignment, have a spokesperson from each group summarize the effects of health advertising on consumer buying habits.

Have group leaders make reports on their assignments and engage the class in a discussion of points made.

Conclude the activity with a discussion of the following:

1. Health agencies can purchase advertisements to promote the positive aspects of good health.
2. Health agencies may work toward the banning of advertising that promotes a product known to be a health hazard.
3. Advertising companies utilize good health characteristics (beautiful hair, well-developed bodies, natural beauty of nature, athletic ability of sports heroes) to captivate consumer attention and to condition the consumer to think that use of the product will promote a sound, healthy body.

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY ENVIRONMENT

TOPIC: LEGISLATION AND THE COMMUNITY

OUTCOME: 38. Determine the relationship of legislation to the health of the individual and community.

ACTIVITY 61 - OUTCOME 38

Remind the students that laws and pending legislation are responsive to the health needs of the individual and of the community. Share with students the following information:

FACT ONE

- **Many laws and some pending legislation/regulations deal with hazards to health; for example:**

-- drug abuse laws ("The Drug-free Schools and Communities Act")	against the use of illegal substances and against the misuse and abuse of drugs
-- drinking-and-driving law	against the driving of an automobile while the driver is intoxicated (.10 or above)
-- alcoholic consumption law	against drinking alcoholic beverages below 21 years of age
-- food and drug laws	against unsafe and worthless products
-- product safety laws	against injury from household products
-- "Clean Indoor Air Act" (pending legislation)	against smoking in public places
-- Child Passenger Restraint Law	for restraining infants (0-3 years of age) in an automobile
-- seat belt safety (pending legislation)	for requiring all automobile drivers (any age) to use a safety belt
-- health insurance for the elderly	against catastrophic illness

ACTIVITY 61 - OUTCOME 38 (continued)

FACT TWO

- Certain federal and state agencies by law provide protection to consumers:

Federal Agencies

-- Justice Department -- Health and Human Services -- Federal Bureau of Investigation -- Tobacco and Fire Arms -- Central Intelligence Agency	against the use of illegal substances and against the misuse and abuse of drugs
-- Health and Human Services --- Social Security Administration	for retirement and death benefits of participants and their dependents
--- The Food and Drug Administration	against unsafe and worthless products, and against false or misleading labels for regulations of food and drugs crossing states line and for the use of labels for poisonous or hazardous substances
-- Medicare	for assistance in health care to the elderly (over 65 years of age) who can pay for a portion of this care
-- Medicaid	for health care of the indigent
-- The Consumer Product Safety Commission	for the reduction of risk of injury from household products, for the enforcement of safety standards on household products (tools to toys), and for the insertion of a set of safety operating instructions by companies (In court cases, the U. S. Government must prove that the product could have been developed more safely.)
-- The Federal Trade Commission	against false advertising for making a company responsible for its claims (stated and unstated) about its products and for taking companies with false claims to court

ACTIVITY 61 - OUTCOME 38 (continued)

-- The U. S. Postal Service	against the fraudulent use of mail (The U. S. Postal Service can punish by fine and jail sentence for noncompliance and can refuse to deliver mail service to fraudulent companies.)

Alabama State Agencies/Offices

-- Governor's Office of Drug Abuse Policy Board	against the use of illegal substances and against the misuse and abuse of drugs
-- Attorney General's Office	against the use of illegal substances and against the misuse and abuse of drugs and for consumer protection
-- Alabama Department of Education	(See "Governor's Office," above.)
-- Alabama Department of Human Resources	(See "Social Security Administration" and "The Food and Drug Administration" in this activity.)
-- Medicare-Alabama	(See "Medicare" in this activity.)
-- Medicaid Agency-Alabama	(See "Medicaid" in this activity.)
-- Alabama Department of Public Health	for the reporting of sexually transmitted diseases (STDs), for environmental protection, for laboratory services, for immunization programs, and for health statistics.
-- Alabama Department of Mental Health	for intervention and treatment of substance abuse, for psychological counseling in many areas, and for care of the mentally ill

FACT THREE

- Many federal, state, and local agencies work together to enforce health-related laws, legislation, ordinances, regulations, and guidelines.

ACTIVITY 61 - OUTCOME 38 (continued)

With this information in hand, identify several agencies, both federal and state, and ask the students to describe the impact which the work of these agencies has on their lives now. Examples are below.

Agency	Impact
- The Food and Drug Administration	- Safety for prescription drugs
- Alabama Department of Public Health	- Protection from epidemics

Then, give the students examples of activities which would directly involve young people with these agencies. Examples are below.

Activity	Agency	Involvement with Agency
Transporting an illegal substance across state lines	Justice Department in cooperation with the state highway patrol and local police department	Arrest leading to possible conviction and imprisonment
Purchasing a product which is falsely advertised	The Federal Trade Commission	Possible refunding of the money which was paid for the purchase

Finally, name and bring to class several items that are protected by certain agencies. Ask the students to examine these items and to bring to class the next day additional items which are protected by these agencies. Examples are below.

Item	Agency
- Prescription drug bottle with label (Bring only the bottle, not the medicine	The Food and Drug Administration
- Faulty household tool newly purchased	The Consumer Product Safety Commission
- Child passenger restraint	Congress and Alabama Legislature

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY ENVIRONMENT

TOPIC: ENVIRONMENT

OUTCOME: 36. Discuss what is meant by the "changing environment," and analyze problems created by advances made in the environment.

ACTIVITY 62 - OUTCOME 36

Materials:
- Chalkboard
- Microphones
- Lights
- TV call letters and logos
- Manuscripts

In a dramatic way, draw attention to the serious problems created by industrialization, population growth, and advances in communication and transportation. Simulate a television broadcast (using microphones, lights, desks, manuscripts, TV call letters, logos, etc.) that features news commentators reporting on a few tragic events from different parts of the world.

Examples of Reports

"This is Dan Ruthers reporting from Somiah, Kenya. The population explosion in this east African village has come to a halt. In fact, it is now in reverse. Why? Death! multiple deaths! The cause? Starvation! The signs are so very clear all around me--emaciated bodies; bloated abdomens; bony fingers, arms, and legs; and disease-ridden skin. They're not having funerals here anymore, just as they're not burying the bodies. Too many are dying, and there's not enough strength left in the living to dig in the hard earth. They're just walking aimlessly among the decaying bodies, doing the only thing they can do--crying because of the death of children, parents, brothers, and sisters and because of the pangs of hunger in their stomachs that won't go away. This sad village is an example of what can happen to any village, town, and city of the earth when the same problem exists--too many people on a land area too small to provide the food and water essential to support life."

"Carnage! There's no other name for what happened on a Los Angeles freeway this morning. A more polite name might be 'major traffic jam'; and it was major--fifty cars and trucks, fifty tons (or twice that many) of twisted steel. Hello, this is Peter Jenkins in Los Angeles, and I'm here to tell you there's nothing polite about what I've just seen; there's no polite way to describe the loss of life, the human suffering. We call them advances in transportation--our freeways, fast cars, and readily available fuel. But they're instruments of death and destruction when too many people in too many vehicles are going too fast to too many places at the same time along the same route."

ACTIVITY 62 - OUTCOME 36 (continued)

"Good morning. This is Tom Brokowsky at LaMer in the south of France. But there's nothing good about today or any other day for the inhabitants of this little fishing village. They're going blind or deaf, or both. Worse than that, they're dying--all because they've been eating fish, the major item in their diet. Now don't go blaming the fish. It's hardly their fault that they've been contaminated with mercury from waste dumped into the river by industries which have sprung up along this tributary of the Loire River. When the fish were caught and cooked, they looked as good and smelled as good as ever, and no one knew that, with the eating of every tasty morsel, a deadly chemical was being ingested into their bodies."

"There is chaos in Prelneth, India, today, and radio and television are the culprits. Culprits? No, not really. Instruments, yes--instruments that were used to spread the fear and misinformation that caused hundreds of people to be run over and trampled to death in their mad dash to get out of town. Now, rioting, stealing, killing, and burning are heightening the chaos which is rapidly destroying this previously quiet town. It all began when a well-intended but misguided radio and television station announced that an explosion was imminent at a local factory, and with memories of what happened a few years ago at the Union Carbide plant in Bhopal, India, the people began frantic efforts to escape. 'Responsibility' is the key word. Even something as marvelous as television or radio can be an instrument of terrible consequences if not used responsibly. This is Howard K. Stern reporting from Prelneth, India."

Discuss the preceding problems (or similar ones) with the class.

Point out that we live in a constantly changing environment. Natural occurences, such as earthquakes, floods, droughts, etc. bring about many changes. Man's use of natural resources causes other changes. Whenever dams, bridges, highways, pipelines, cities, etc. are built, the environment undergoes change.

Then, using the chalkboard and format below, involve the students in a further analysis of the changes and problems created by industrialization, population growth, and advances in communication and transportation.

	Events/Changes/Advances	Problems Created in the Environment	Ways of Dealing with Problems
Population	Population explosions, population shifts, etc.	Insufficient food and health care, lack of employment, etc.	Birth control, relocation, etc.

ACTIVITY 62 - OUTCOME 36 (continued)

	Events/Changes/Advances	Problems Created in the Environment	Ways of Dealing with Problems
Industrialization	Increases in individualization because of greater demands for consumer goods, etc.	More toxic wastes, etc.	Landfills, etc.
Communication	Increases in number of stations and facilities for broadcasting, transmission, and receiving	More transmitters, towers, lines, right-of-ways, etc. to take up land and obstruct travel (especially flight)	Technological advances to get greater utilization of existing equipment, e.g. more "traffic" on existing transmission lines
Transportation	Increased air travel, etc.	Crowded airways and airports, etc.	Use of alternate means of travel, etc.

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY ENVIRONMENT

TOPIC: ENVIRONMENT

OUTCOME: 46. Investigate solutions to health and safety problems and the role of different organizations and groups in controlling hazards in the environment.

ACTIVITY 63 - OUTCOME 46

Materials: • Student Handout - HANDLING HEALTH PROBLEMS/HAZARDS (p. 204)

Involve students in a discussion to identify some broad categories of health problems and hazards, such as the following:

- air pollution
- water pollution
- land pollution
- noise pollution

Then, assist students in developing a comprehensive list of specific health problems/hazards for each of the categories identified above.

Examples of specific health problems/hazards:

Air Pollution	Water Pollution	Land Pollution	Noise Pollution
-dust, ash, and other particulate matter	-sewage	-garbage	-construction noise
-sulfur oxides	-mercury	-mining wastes	-entertainment noise
-ozone	-pesticides	-chemical wastes	-etc.
-hydrocarbons	-oil (from spills)	-pesticides	
-lead	-sulfuric acid (from coal mining)	-etc.	
-nitrogen oxides	-detergents		
-acid rain	-thermal pollution		
-etc.	-etc.		

Assign each student a separate problem from one of the lists above with instructions to investigate and describe the efforts of organizations and groups to solve or control the problem.

ACTIVITY 63 - OUTCOME 46 (continued)

Example using HANDLING HEALTH PROBLEMS/HAZARDS:

Health Problem/Hazard	What Is Being Done about the Problem?	By Whom?*
Toxic waste dumps	Some dumps are being cleaned up with their toxic products being sent to specially prepared landfills.	Environmental Protection Agency

*Organization, group, or individual, etc.

Distribute the handout HANDLING HEALTH PROBLEMS/HAZARDS, and direct students to conduct research and to provide the information requested on the handout.

HANDLING HEALTH PROBLEMS/HAZARDS
Student Handout

Health Problem/ Hazard	What Is Being Done about the Problem?	By Whom?

ACTIVITY 64 - OUTCOME 46

Materials: • Student Handout - HANDLING SAFETY PROBLEMS/HAZARDS (p.206)

Assist the students in preparing a list of safety problems according to categories as illustrated below.

Motor Vehicle Accidents
Resulting from
- excessive speed
- alcohol and drug abuse
- sleepiness
- etc.

Home Accidents
Resulting from
- falls
- suffocation
- poisoning
- etc.

Public Accidents
Resulting from
- jay-walking
- drowning
- etc.

Occupational Accidents
Resulting from
- burns
- use of machinery
- electrocution
- etc.

Assign each student to a separate problem from one of the safety problem/hazard categories listed above with instructions to investigate and describe efforts of organizations and groups to solve and/or control the problem.

Example: HANDLING SAFETY PROBLEMS/HAZARDS

Safety Problem/Hazard	What Is Being Done about the Problem?	By Whom?*
Drowning	Life preservers required for persons riding in boats	State of Alabama (law which requires a life preserver per occupant in a boat)
Fire	Exit signs, fire resistant building materials, fire drills	State and local building codes, fire marshal
Tornado	Tornado drill	State and local regulations for schools, public buildings, etc.
Handicapped Persons	Access ramps	State and local regulations for schools, public buildings, etc.

* Organization, group, or individual, etc.

Distribute the handout HANDLING SAFETY PROBLEMS/HAZARDS and instruct students to conduct research and to provide information requested on the handout.

HANDLING SAFETY PROBLEMS/HAZARDS
Student Handout

Safety Problem/Hazard	What Is Being Done about the Problem?	By Whom?

HEALTH - ONE-HALF UNIT
I AM RESPONSIBLE FOR MY ENVIRONMENT

TOPIC: ENVIRONMENT

OUTCOME: 6. Discuss the demographic factors that affect life expectancy in major countries throughout the world.

ACTIVITY 65 - OUTCOME 6

Materials:
- Globe and/or maps
- Reference books
- Atlas
- Chalkboard
- Student Handout - LIFE EXPECTANCY (p. 208)

Distribute the handout LIFE EXPECTANCY and help students locate on a map and/or globe the countries named. Note the countries which have high/low life expectancy and the fact that women tend to live longer than men. Then, list on the chalkboard and discuss some of the factors that affect length of life.

Divide the class into five groups and assign each group to a separate major country for in-depth study (research) of the demographic factors which influence life expectancy in that country. Following the research, compile the information, per country, on the chalkboard (as illustrated below) and discuss.

DEMOGRAPHIC FACTORS THAT INFLUENCE LIFE EXPECTANCY IN _____
(Name of Country)

DEMOGRAPHIC FACTORS	SPECIFIC INFORMATION	EFFECT ON LIFE EXPECTANCY, POSITIVE OR NEGATIVE?	WHY DOES THE FACTOR HAVE A POSITIVE/NEGATIVE EFFECT?
Nutritional Trends	High consumption of butter fat and pork products	Negative	Increase in cardiovascular diseases
Health Status			
Income Level			
Climate			
Rural/Urban			
Agricultural Production			
Family Size			
Medical Care			
Population Density			
Natural Resources			
Industrial Regions			
etc.			

LIFE EXPECTANCY
Student Handout

Life Expectancy at Birth

Men		Women	
Japan	74.22	Japan	79.66
Iceland	73.91	Iceland	79.45
Sweden	73.05	Norway	79.41
Netherlands	72.70	Netherlands	79.30
Hong Kong	72.69	Sweden	79.08
Norway	72.64	Canada	78.94
Israel	72.48	Switzerland	78.70
Cyprus	72.26	France	78.47
Switzerland	72.00	Australia	78.42
Canada	71.87	Hong Kong	78.28
Cuba	71.45	United States	78.20
Denmark	71.40	Finland	77.77
Australia	71.38	Denmark	77.40
United Kingdom	71.09	New Zealand	76.86
United States	70.80	West Germany	76.85
New Zealand	70.67	Austria	76.59
Spain	70.41	Cyprus	75.99
France	70.41	Italy	75.91
West Germany	70.13	Israel	75.75
Greece	70.13	Belgium	75.08

Taken from Kane, William M., Blake, Peggy, Frye, Robert, Miller, Eloise, and Whittington, Michael, Understanding Health, The Second Edition, 1987, p.287.

REQUIRED ONE-HALF UNIT

OUTCOMES

I. GROWTH AND DEVELOPMENT

1. Review number and functions of teeth

   - primary
   - permanent
   - emergence of wisdom teeth
   - parts of a tooth
   - supporting structures of teeth

2. Discuss how parental health habits affect health before conception, during pregnancy, and during infancy.

3. Discuss pregnancy and the process of childbirth.

   - normal stages of development
   - associated risks and complications

4. Discuss common health problems found among teenagers.

   - dandruff
   - acne
   - bad breath
   - voice changes
   - fatigue
   - warts
   - sun damage
   - body odor
   - athlete's foot

II. INFLUENCES ON HEALTH

5. Discuss the factors associated with loss of teeth and the benefits of preventive and corrective dentistry.

   - factors
     .tooth decay
     .gum disease
     .plaque buildup
     .tooth abnormalities
     .diseases affecting supportive structures of the teeth
   - preventive dentistry
     .fluorides
     .proper eating habits
     .regular dental visits
     .brushing and flossing
   - corrective dentistry
     .early treatment

6. Discuss the demographic factors that affect life expectancy in major countries throughout the world.

   - factors
     .nutritional problems
     .industrial and agricultural regions
     .medical care
     .population differences
     .health status
   - countries
     .Chad
     .Zaire
     .Germany
     .Japan
     .India
     .U.S.
     .Mexico

7. Discuss diseases in terms of prevention and treatment measures.

- diseases
  .inherited and/or cultural
    ..tay sacks
    ..hemophilia
    ..sickle cell anemia
    ..hypertension (lifestyle disease)

- treatment measures
  .chemotherapy
  .radiation therapy
  .medication

- preventive measures
  .personal practices
  .immunization
    ..passive immunity
    ..active immunity
  .community practices

8. Discuss sexually transmitted diseases (STDs) in terms of their symptoms, methods of transmission, and current related research.

- Acquired Immune Deficiency Syndrome (AIDS)
- syphilis
- gonorrhea
- vaginal warts
- herpes

9. Discuss the Acquired Immune Deficiency Syndrome (AIDS) in relation to symptoms and transmission.

- HIV (AIDS virus)

10. Develop strategies to avoid contracting the AIDS virus.

11. Develop a plan based on personal values, beliefs and current research for coping with the public's attitude toward AIDS.

- people with AIDS
- social, emotional, political, legal ramifications

12. Discuss the various causes of specific mental illnesses.

- mental illnesses
  .manic-depression
  .schizophrenia
  .hypochondria
  .compulsions
  .paranoia
  .hysteria
  .phobias

- causes
  .heredity
  .diseases
  .shock
  .accidents

13. Identify the six basic nutrients, their functions, and their food sources.

- nutrients
  - .carbohydrates
  - .vitamins
  - .proteins
  - .fat
  - .minerals
  - .water
- functions
  - .energy
  - .growth and repair
  - .regulation of vital functions of the body

14. Relate the body's need for food to factors within the body that determine specific food requirements.

- food requirement factors
  - .body size
  - .rate of growth
  - .heredity
  - .physical activity
  - .metabolic rates
  - .age .sex
- individual needs
  - .nutritional needs of adolescents
  - .nutritional needs during pregnancy

15. Discuss food labels as a means of evaluating nutritional values of processed foods and additives.

16. Discuss what is meant by "wellness," and show the interrelatedness of the physical, mental, emotional, social, and spiritual components of wellness.

17. Explain the relationship between lifestyle and prominent diseases.

- heart disease
- cancer
- sugar diabetes
- circulatory disease

18. Relate proper body mechanics to personal health.

- body mechanics
  - .posture
    - ..standing
    - ..sitting
    - ..walking
    - ..lifting
- benefits of exercise
  - .appearance
    - ..efficiency
    - ..prevention of injury

19. Explain the relationship between optimum exercise and physical fitness.

- optimum exercise
  - .aerobic/anaerobic
  - .isometric/isotonic
  - .amount and frequency
  - .intensity and duration
- fitness
  - .cardiovascular endurance
  - .strength
  - .muscular endurance
  - .flexibility

20. Discuss common drugs and the harmful effects on the body's system when these drugs are used indiscriminately.

    - prescription
    - over-the-counter
    - street drugs
    - mixing of alcohol/barbiturates
    - mixing of alcohol/stimulants

21. Discuss and understand the physical and psychological effects of various types of substances (drugs and alcohol) on human beings.

    - depressants
    - narcotics
    - stimulants
    - inhalants
    - hallucinogens
    - cannabis

22. Examine behavior characteristics at different stages of substance abuse.

    - loss of work
    - crime
    - financial problems
    - effects on unborn child
    - broken home
    - abuse of family members
    - health problems

23. Describe symptoms of withdrawal from illegal substances and/or the body's tolerance of these substances.

24. Discuss factors which influence blood alcohol levels, and review the physical and psychological changes that occur as blood alcohol content percentages rise.

    - factors
      .body weight
      .time lapse since alcohol consumption
      .amount of alcohol consumed

25. Discuss the harmful effects of tobacco usage (smoking and smokeless tobacco) on personal health/life and the health of others.

    - cardiovascular system
    - pulmonary system
    - oral cavity
    - other persons in proximity
    - unborn children
    - medical and hospital expenses
    - lost income because of illnesses
    - injuries and/or property damage because of fires

III. RESPONSIBLE CONSUMERISM

26. Apply sound criteria in the selection and use of reliable medical personnel and health information, products, and services.

    - medical personnel
      .proper training
      .licensed by government agency
    - health information, products, and services
      .professional advice
      .research findings

.reputable professional standing
.current health knowledge
.recommendations of other patients
.seal of approval
.government protection agencies
..health departments
..Better Business Bureau
..hospitals
..clinics
..nursing homes

27. Critique usage of fraudulent health products and services.

- testimonials
- superstitions
- emotions
- offers of free service and/or money back guarantees

28. Evaluate food, drug, and cosmetic labels to identify in additives and ingredients contained in the products.

29. Analyze effects of health advertising on consumer buying habits.

- newspaper/magazines
- door-to-door sales/circulars
- influence of teenage population
- radio
- television
- mail

30. Discuss medical care/cost as a part of family, state, and national budgets.

- health insurance
  .need for
  .different types
  .procedure for selection
- programs and services
  .Medicaid
  .Medicare
  .Aid to Dependent Children
  .mental health agency
  .home health services

31. Evaluate careers in the field of dentistry in terms of the duties, responsibilities, education, and training of each.

- dentist
- orthodontist
- oral surgeon
- dental assistant

32. Analyze and discuss community preventive health measures that aid in disease control and prolong life.

33. Discuss the role of research and federal agencies in the prevention and control of disease.

34. Discuss prevention/treatment of STDs, resources available for assistance in prevention/treatment, and public attitudes toward infected persons.

35. Critique advantages and disadvantages of confidential medical treatment.

    - availability of confidential treatment
    - concern regarding treatment (venereal diseases, parental objections)

36. Discuss what is meant by the "changing environment," and analyze problems created by advances made in the environment.

    - population
    - transportation
    - communication
    - industrialization

37. Appraise existing community health practices, health facilities, and health services as they relate to individual needs, met and unmet, and services offered.

38. Determine the relationship of legislation to the health of the individual and community.

    - hazards to health
    - legislative action to hazards

39. Analyze the need for a loving, protective environment for children.

    - ways children are protected
      .by family and/or guardian
      .by sitters
      .by local communities
      .by schools
      .by laws

40. Discuss child abuse in terms of causes, percentages of cases, and relevant laws, and critique measures that can be taken to aid in the prevention of child abuse.

41. Examine ways in which the health of family members can be enhanced by family group activities.

42. Analyze factors influencing weight control.

    - various diets
      .caloric reduction
      .food exchange
      .protein
      .carbohydrate
      ."crash" diet
      .fasting

    - factors
      .calories as determiners of weight gain or loss
      .exercise and diet as means of control

    - conditions
      .obesity

    - benefits of following United States Dietary Guidelines

- .overweight
- .anorexia nervosa
- .bulimia
- .improvement of health
- .reduction in risk of developing chronic diseases

43. Establish exercise guidelines to help ensure personal safety, fun, and lifetime participation.

- analyze factors influencing participation in exercise or sports
  - .differences due to aging
  - .sex differences
  - .place to exercise

44. Implement a planned program for the wise use of leisure time.

- rest
- relaxation
- nutrition
- sleep
- exercise

45. Relate characteristics of individuals to causes/effects of accidents.

- characteristics
  - .aggressive
  - .less observant
  - .defiant of authority
  - .more irritable
- causes
  - .ways emotions and attitudes can cause accidents
  - .ways accidents can cause a change in emotions or attitudes

- effects
  - .loss of time
  - .loss of human resources
  - .losses related to various age groups
  - .losses related to types of accidents
  - .loss of money
  - .loss of property

46. Investigate solutions to health and safety problems and the role of different organizations and groups in controlling hazards in the environment.

- solutions
  - .fire drills
  - .better engineering
  - .fire resistant building materials
  - .exit signs
  - .signal devices
  - .education

47. Demonstrate basic elements or techniques of emergency care.

- shock
- sprains, strains, broken bones
- respiratory problems (obstructed airway in conscious and/or unconscious victims)
- loss of blood
- poisoning
- cardiac arrest victims (demonstration of CPR required)

48. Discuss sources, methods, and procedures for drug rehabilitation and treatment.

- sources
  .private clinics
  .school counseling programs
  .state and federal agencies
  .church counseling programs
  .physicians

IV. COPING STRATEGIES

49. Devise strategies for dealing with family problems or crises.

- death
- incest
- loss of employment
- divorce
- substance abuse

50. Develop social skills which can lead to a more meaningful life.

- discuss dating as a means of enhancing social skills
- discuss the importance of setting limits for behavior on a date
- discuss risk factors and/or percentage of failures in teenage marriages
- analyze ways love develops
- analyze importance of successful marriage relationships
- discuss wholesome pursuits of sexuality as opposed to pornography and promiscuity

51. Design a mental health plan which promotes a healthy personality, a positive self-concept, emotional balance, and coping techniques.

52. Review defense mechanisms and the value of certain ones over others.

- denial
- displacement
- escape
- identification
- projection
- rationalization
- regression
- repression
- sublimation

53. Analyze the relationship between human relations and communication.

- importance of interaction
- what is meant by effective communication
- ways of communicating (verbal expressions, facial expressions, body movement and/or posture)

54. Describe the interrelationship of cultural value systems and behavior patterns.

- discuss cultural differences and their effects on value systems and behavior
- discuss factors that affect behavior (social customs, attitudes and/or beliefs, motivation)

55. Analyze common adolescent behavior problems, and practice steps for solving them.

- signs of emotional maladjustment
  - .temper tantrums
  - .depression
  - .rudeness
  - .anxiety

- common adolescent problems
  - .developing responsibility
  - .avoiding possessiveness
  - .immaturity
  - .conformity
  - .decision making

56. Demonstrate tolerance and kindness to others by recognizing differences and devising ways of coping with common adolescent problems.

- problems
  - .dandruff
  - .bad breath
  - .fatigue
  - .acne
  - .voice changes

57. Implement a plan using problem-solving strategies as they relate to emotional stability and to personal values which guide behavior.

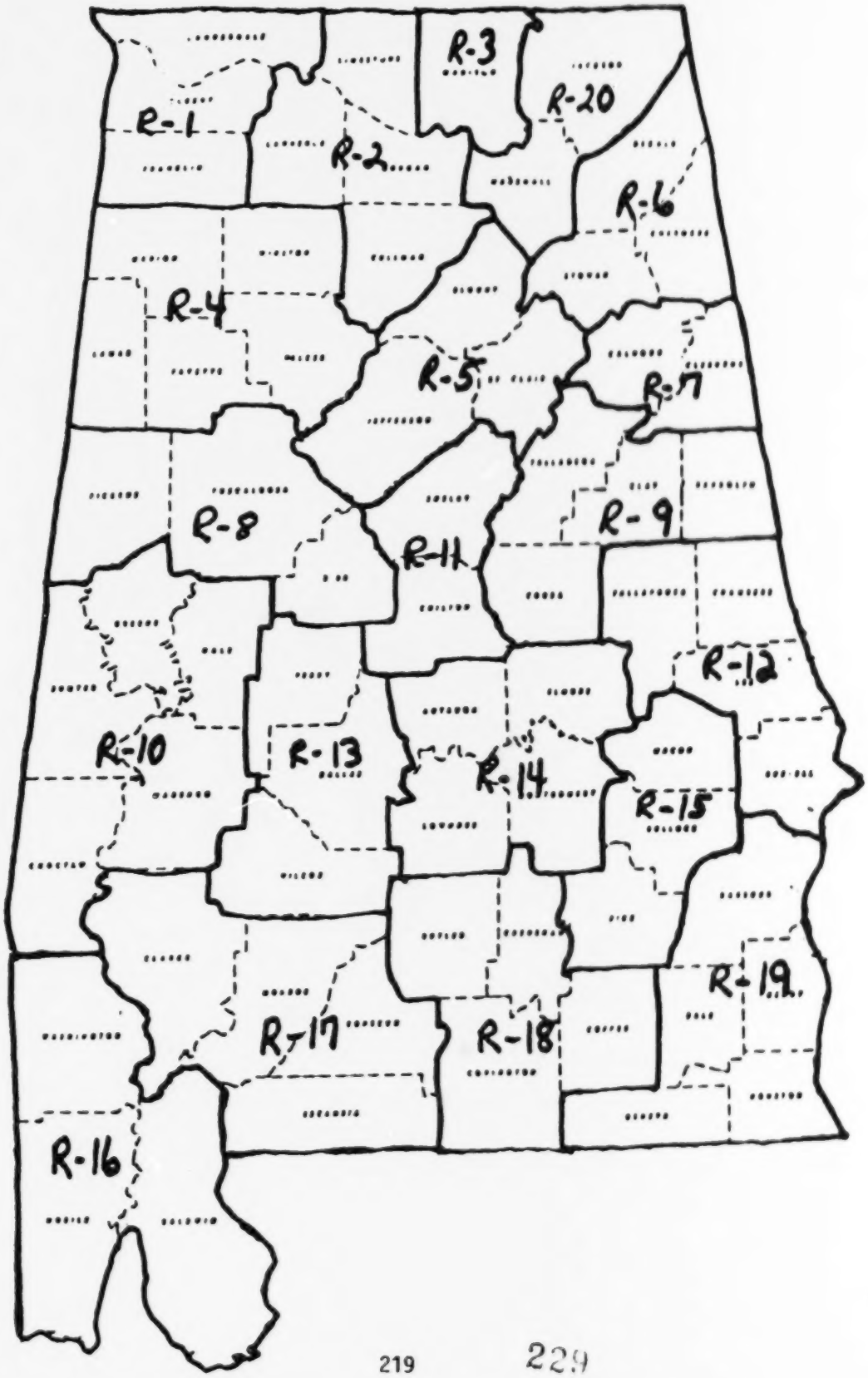
- characteristics which are admired/disliked
- effects of stress and emotions on the body

58. Implement a personal decision-making strategy to cope with substance abuse.

- personal basis
  - .feelings/beliefs
  - .values
  - .attitudes
- decision making
  - .defining problem
  - .seeking out important facts
  - .deciding on possible solutions
  - .deciding on responsible solutions
  - .choosing best solution
  - .evaluating solution and reporting steps when necessary

- coping
  - .peer pressure
  - .stress
  - .social responsibility
  - .communication with other persons

COMMUNITY ALLIANCE NETWORK REGIONS



R-1 Colbert, Franklin, Lauderdale Counties

Eric Hawkins
Northwest Alabama Council of Local Governments
1450 Avalon Avenue
Muscle Shoals, AL 35661
(205) 381-1110 Ext. 36

R-2 Lawrence, Limestone, Morgan, Cullman Counties

Nelda Pepper
North Central Alabama Substance Abuse Council
Cullman County Courthouse
Room 22
Cullman, AL 35055
(205) 739-3533 Ext. 203

R-3 Madison County

Larry Nelson
City of Huntsville
308 Fountain Circle
Huntsville, AL 35801
(205) 532-7256

R-4 Marion, Winston, Lamar, Fayette, Walker Counties

Barbara Eulenstein
Rt. 13, Box 413 B
Jasper, AL 35501
(205) 221-6790 Office
(205) 221-2301 Home

Charles David Baker
District Attorney
Walker County Courthouse
Jasper, AL 35501
(205) 221-3727

R-5 Jefferson, Blount, St. Clair Counties

Trina Hicks
Mental Health Association
3600 8th Avenue South, Suite E-112
Birmingham, AL 35222
(205) 322-0445

R-6 Etowah, DeKalb, Cherokee Counties

Lois Blackwood
The Alcoholism Council
403 South 3rd Street
Gadsden, AL 35901
(205) 547-6903

R-7 Calhoun, Cleburne Counties

Dawn Davenport
Calhoun/Cleburne RAC
P.O. Box 2329
407 Noble Street
Anniston, AL 36201
(205) 237-8131

Kelly Price
Calhoun/Cleburne MHC
P.O. Drawer 2205
Anniston, AL 36202
(205) 236-3404

R-8 Pickens, Tuscaloosa, Bibb Counties

Linda Dover
PRIDE
1100 21st Street East
Tuscaloosa, AL 35405
(205) 759-3680

Maxie Thomas
2232 8th Street
Tuscaloosa, AL 35401

R-9 Talladega, Clay, Randolph, Coosa Counties

Debbie Danelutt
P.O. Box 1248
Sylacauga, AL 35150
(205) 245-2202

Dr. Don Brown
P.O. Box 1248
Sylacauga, AL 35150
(205) 245-2202

R-10 Greene, Hale, Sumter, Choctaw, Marengo Counties

Boyd Mackey
P.O. Drawer J
Demopolis, AL 36732
(205) 289-2410

Leah Yeager
P.O. Drawer J
Demopolis, AL 36732
(205) 289-2410

R-11 Shelby, Chilton Counties

Jill Hall
Chilton/Shelby MHC
P.O. Drawer 679
Highway 25 West
Calera, AL 35040
(205) 664-3296

R-12 Tallapoosa, Chambers, Lee, Russell Counties

Steve Smith
East Alabama MHC
P.O. Box 2426
614 2nd Avenue
Opelika, AL 36803
(205) 749-3346

R-13 Perry, Dallas, Wilcox Counties

Patricia Martin, Executive Director
Cahaba MHC
1017 Medical Center Parkway
Selma, AL 36067
(205) 875-2100

Gloria Buford
536 Washington Street
Selma, AL 36067
(205) 875-6068

Claudette Miller
536 Washington Street
Selma, AL 36067
(205) 875-6068

Jim Stephens
536 Washington Street
Selma, AL 36067
(205) 875-6068

R-14 Montgomery, Autauga, Lowndes, Elmore Counties

Callie Longshore, Chairperson, Community Alliance Network*
Administrative Office of Courts
817 South Court Street
Montgomery, AL 36130
(205) 834-7990

Alice Harbin, Vice President
National Council on Alcoholism - Alabama Division
230 Noble Avenue
Montgomery, AL 36104
(205) 262-7401

Kay Nettles
Central Alabama Council on Substance Abuse - NCA
230 Noble Avenue
Montgomery, AL 36104
(205) 262-7401

*Formerly Montgomery Metro Substance Abuse Committee

R-15 Macon, Bullock, Pike Counties

Bobby Glover
East Central MHC
P.O. Box 249
Troy, AL 36081
(205) 566-6022

Betty Davis
East Central MHC
P.O. Box 249
Troy, AL 36081
(205) 566-6022

George Carter
East Central MHC
P.O. Box 185
Tuskegee, AL 36083
(205) 727-7001

R-16 Baldwin, Mobile, Washington Counties

Tom Barclay
Mobile County Sheriff's Department
P.O. Box 113
Mobile, AL 36601
(205) 690-8656

Linda Hollingsworth
Parkside Lodge
P.O. Box 850759
Mobile, AL 36685
(205) 478-1000

R-17 Clarke, Monroe, Conecuh, Escambia Counties

Lucendia Broughton
Southwest Alabama MHC
P.O. Box 964
Monroeville, AL 36461
(205) 575-4837

R-18 Butler, Crenshaw, Covington, Coffee Counties

Beretta Gomillion, Director
First Step Alcoholism Program
P.O. Box G
Red Level, AL 36474
(205) 469-5347

R-19 Houston, Geneva, Dale, Henry, Barbour Counties

Mimi Page
3300 Alderbrook Road
Dothan, AL 36303
(205) 793-1826

Dr. Debra King
3808 Quail Creek
Dothan, AL 36303
(205) 792-3757

Ernie Marshburn
The Haven
Rt. 12, Box 24
Dothan, AL 36303
(205) 794-3771

R-20 Marshall, Jackson Counties

Doris Benson
Marshall/Jackson MHC
2409 Homer Clayton Drive
Guntersville, AL 35976
(205) 582-3203

Alex Farrish
Marshall/Jackson MHC
2409 Homer Clayton Drive
Guntersville, AL 35976
(205) 582-3203